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ABSTRACT

This report describes a three-year project at the California School of Professional Psychology (Alameda Campus) to train graduate students in professional psychology to meet the mental health needs of clients from diverse ethnic/racial backgrounds. Multicultural content was integrated into all required courses, using a variety of resources and training materials to prepare faculty and students for the curricular changes. Methods used to provide faculty training included: faculty retreats, small group meetings, and providing access to teaching materials. To further aid faculty, various resource materials, including topical bibliographies for specific ethnic groups, were acquired and developed. Project outcomes included the systematic integration of multicultural content into all required courses and the creation of new requirements designed to further address issues of cultural diversity. Previously underrepresented multicultural issues were included in curriculum materials. Report sections include a project overview, purpose, background and origins, project descriptions, evaluation and project results, and conclusions. Extensive appendixes include a course syllabi and a faculty training schedule; an AIDS/HIV training-needs survey; a list of required student multicultural competencies; annotated bibliographies of treatment considerations for culturally diverse populations; a paper on multicultural training; a proposal for a study on measuring clinical competence, and a clinical proficiency evaluation form. (JLS)

Multicultural Education in Clinical Psychology: Curriculum Reform at CSPP Berkeley/Alameda.

Grantee Organization:

California School of Professional Psychology
Berkeley/Alameda Campus
1005 Atlantic Avenue
Alameda, CA 94501

Grant Number:

P116B01429

Project Dates:

Starting Date: October 1, 1990
Ending Date: February 28, 1994
[Includes Three Month No-Cost Extention]

Project Director:

Peter Chang, Ph.D.

FIPSE Program Officer(s):

Joan Krejci
Helene Scher

Grant Award:

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Year Two:	**$ 82,155**
Year Three:	**$ 86,863**
Total:	**$219,018**

Project Title: Multicultural Education in Clinical Psychology: Curriculum Reform at CSPP Berkeley/ Alameda."

Grantee Address: California School of Professional Psychology
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The California School of Professional Psychology, Berkeley/Alameda, sought to better train graduate students in professional psychology to meet the mental health needs of clients from diverse ethnic/racial backgrounds. Multicultural content was systematically integrated in all required courses as a means of enhancing student competence, and a variety of training was provided to faculty in preparation for these curricular changes. Extensive resource materials were also developed as part of this project, including annotated bibliographies and guidelines for multicultural competency. Results indicate substantial improvement in our curriculum by Project's end with significant institutional changes as well.

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PROJECT OVERVIEW. CSPP Berkeley/Alameda (CSPP-B/A) implemented a three-year Project to better train doctoral students in meeting the mental health needs of clients from diverse ethnic/racial backgrounds. This Project provided a variety of resources and training to faculty and students as part of our goal of integrating multicultural content into our core curriculum. The results indicated substantial improvement by Project's end in overall faculty and student awareness of cultural diversity issues and their significance in professional psychology.

PURPOSE. CSPP-B/A sought to train both minority and nonminority psychologists to practice in settings committed to serving diverse populations effectively. Our general goal was to have all faculty and students involved in our program develop a sensitive, accurate, and pragmatically-oriented understanding and appreciation of the significance of ethnicity, race, and class in the clinical services provided to persons of diverse racial/ethnic backgrounds.

BACKGROUND AND ORIGINS. Ethnic/racial populations are growing rapidly as compared to their white counterparts, especially in California. Concomitant with this growth is the need to appropriately and effectively meet the expanding social and mental health needs of minority populations that have traditionally been underserved by the nation's mental health system. These groups are at unusually high risk of suffering from various dysfunctions because of the compounding impact of racism, poverty, inadequate education, and formidable institutional and cultural barriers to effective use of the nation's mental health system. With this FIPSE-funded Project, CSPP hoped to break the professional inertia in providing programmatic responses to address the needs of these populations.

PROJECT DESCRIPTIONS. Using an integrative approach, CSPP-B/A sought to enhance the level of competence among its students and faculty through systematically integrating multicultural content throughout our core curriculum. To bring about curricular change, faculty change is essential. Training faculty to be more intellectually knowledgeable and emotionally comfortable with issues of cultural diversity was central to the eventual success of our efforts. A variety of methods were used to provide faculty training during the course of this Project including the use of faculty retreats, small group meetings with those teaching common courses, and making readily available extensive resource materials. Many of these training efforts brought outside experts to the Alameda campus to address both faculty and students.

To further aid faculty in supplementing their lectures and expanding their reading lists, various resource materials were acquired and developed including specific topical bibliographies on mental health issues with different ethnic and racial groups, conditions of therapist-client matching and its significance, diagnostic and assessment issues in psychopathology, and treatment and intervention strategies for particular racial and ethnic populations. These bibliographies were carefully annotated and made available to all involved faculty, especially those scheduled to teach any of the FIPSE-targeted courses.

Two types of curricular change were ultimately created by this Project: the systematic integration of multicultural content into all our required courses, and the creation of new requirements designed to further address issues of cultural diversity. Following our school's academic procedures, a decision was made in 1991 to institute a Racism Awareness Workshop. This experiental workshop is now a requirement in

the first semester of study at CSPP-B/A as it was felt that this workshop experience was so fundamental to the educational process that it needed to occur early in a student's career. The Faculty Senate also agreed to adopt an additional course in 1993, Intercultural Communication Laboratory, which is now a requirement during the second semester of study. This course was designed to provide a more extensive coverage of many different aspects of cross-group communications including bias and prejudice, class and gender issues, and implications for actual practice with diverse clients. Each of the seven sections was team-taught by faculty representing both the majority culture as well as non-majority, with a careful balance maintained between didactic content and individuals' personal experiences.

Given the substantive and structural revisions of the key core courses, it was also imperative for corresponding revisions to be made in the structure and elements by which students' and faculty's knowledge and competence in this area are evaluated. Central to the current system of evaluating student knowledge and performance are the Preliminary Examinations (Prelims) and the Clinical Proficiency Progress Review (CPPR). These were revised to incorporate explicit multicultural criteria reflecting the enhanced attention now paid to these issues in our curriculum.

Project materials and resources have been disseminated both within and outside the CSPP community. Descriptions about the Project and its work have been routinely announced at various local and national meetings and organizations attended by the Project Director. Copies of our resource materials, especially the bibliographies, have been distributed to over one hundred different individuals and institutions across the country.

EVALUATION/PROJECT RESULTS. The central goal of the Project was to change the content of our required courses, specifically enhancing their multicultural content. Using a pre/post design, the evaluation team analyzed course materials in Spring and Fall of 1990 and the Spring and Fall of 1993. A content analysis was conducted of the CIFs and the syllabi for the pre Project (1990) and post (1993) periods and quantitative tabulations of whether the CIF or syllabus made mention of ethnic issues. During the pre period, only 50 percent of the CIFs or syllabi made any mention of race or ethnic issues. In contrast, fully 81 percent of the CIFs or syllabi contained entries or references to race or ethnicity as part of course content by Project's end. Compared to the pre period, moreover, courses in the post period more thoroughly integrated issues of race and ethnicity throughout the entire semester. A content analysis of the faculty members' descriptions of the courses revealed that there was significantly more concern for or attention to ethnic issues in the post period.

During each academic year, a Core Concepts and Bibliography document is distributed to all students in preparation for their Preliminary Examinations. A comparative analysis was made of these documents prior to the start of the FIPSE Project (1989) and at the end of the Project (1994). In the most recent (1994) Core Concepts outline, ethnic and multicultural issues have been expanded. For example, under the heading "Clinical Research Issues," the 1994 Core Concepts outline now includes a section titled "Research on ethnic and gender groups." Additionally, the 1994 Bibliography included several articles on race, ethnicity, or multicultural psychology that were not included earlier.

Important Project Issues. Several issues (sometimes inter-related) arose as a result of the FIPSE Project that need further discussion and analysis. Faculty "buy in" is essential to bring about curricular change, particularly for substantive change such as multicultural psychology. During follow-up interviews, most faculty members acknowledged the importance of enlisting faculty support to both bring about change as well as to institutionalize it after grant funding comes to an end.

There we re some significant barriers to faculty acceptance to institutional change. The biggest single issue, according to faculty members, was how narrow or broad the scope of multicultural psychology should be. There were two ends to the spectrum of faculty sentiment. On the one hand, some faculty thought the issue of multicultural psychology should be cast very narrowly. This position held that the FIPSE Project (and related multicultural psychological training) should concentrate exclusively on three or four racial/ethnic groups—African Americans, Hispanics/Latinos, Asian/Pacific Islanders, and Native Americans. (There was even lack of agreement on which specific ethnic groups should be subject to scrutiny.)

These groups should be the exclusive focus of attention for several reasons. First, these groups had suffered—and continued to suffer—the most discrimination, economic deprivation, etc. Moreover, psychologists working in public settings—e.g., public health clinics in urban areas—would be likely to encounter clients from these ethnic/racial groups. And, although other aspects of multicultural psychology may be interesting and important, there is simply not enough time to cover everything. If faculty members discussed the broader aspects of multicultural psychology, the reasoning goes, then issues regarding the minority racial groups could not possibly be covered adequately.

At the other end of the spectrum of opinion, some faculty members wanted a very broad conception of multicultural training. These faculty members believed that many other aspects of cultural and individual differences—e.g., disability, religion, sexual orientation—should be included in multicultural psychology. Students, it was felt, should be understanding of the importance of these social and cultural differences among the clients they will serve.

It appears that a compromise was reached at CSPP-B/A. To address the need for a narrow focus, the Alameda campus, as mentioned earlier, adopted a new requirement titled "Racism Awareness." This two-day workshop focuses on the importance of race and racism in the field of psychology and in society more generally. To address the broader conception of multicultural psychology, the Alameda campus adopted the "Intercultural Communication Laboratory: The Psychology of Difference." This semester-long course focuses on a wide range of social and psychological differences among people, especially as those differences that may affect the practice of psychology.

Institutionalization. The Project could not be considered a success unless the changes brought about lasted beyond the end of FIPSE funding. This appears to be the case. The changes in the course syllabi and core concepts document mentioned above are but a few indications. The FIPSE Project also led, directly or indirectly, to changes in CSPP's emphasis areas. The multicultural and community emphasis area was created in 1992, two years after the FIPSE Project was funded. We now have what we feel is an optimal academic structure, an emphasis area for those students who wish to concentrate on multicultural issues as well as an enhanced curriculum to ensure that all our student are competent in meeting the needs of diverse populations.

SUMMARY AND CONCLUSIONS. The three-year FIPSE project at the California School of Professional Psychology has been highly successful. The core curriculum has been substantially changed, with a strong infusion of multicultural content and training in all core courses. The significant changes inherent in these curricular modifications are both substantive and philosophical. Concrete and tangible components can be identified such as the development of bibliographic resources available to faculty and students. More importantly perhaps, it is the overall inquisitiveness and openness to such changes that is educative and enriching, especially if it occurs in the context of faculty and student collaboration and mutual inquiry.

PROJECT OVERVIEW. The California School of Professional Psychology (CSPP) at Berkeley/Alameda submitted a proposal titled "Multicultural Education in Clinical Psychology: Curriculum Reform at CSPP Berkeley/Alameda" in March, 1990 in response to a request for proposals from FIPSE for enhancing multicultural education. Funding was awarded for a period of three years beginning October 1, 1990 through September 1993. A no-cost extension was granted through February, 1994 and this document represents the final evaluation report of CSPP-B/A's Project on multicultural education in professional psychology.

PURPOSE. Since at least the middle 1980s, CSPP-B/A has been seeking to formulate a substantive programmatic response to the socio-psychological challenges that have accompanied the growth of ethnic and racial minorities in this country. As more thoroughly discussed in the original proposal, CSPP-B/A sought FIPSE funding to better train both minority and non-minority psychologists to practice effectively in settings that serve diverse populations. CSPP-B/A's goal via this programmatic effort is to have all faculty and students involved in our program develop a more sensitive, accurate, and pragmatic understanding of the significance of race, ethnicity, and class in order to provide more clinically competent mental health services to clients from diverse ethnic/racial backgrounds.

The FIPSE grant furthered the articulation of cultural competencies, and desired levels were attained by using a programmatic training model that is integrative in nature. This integrative model sought to systematically incorporate multicultural content and proficiency throughout the key areas of the core curriculum. This impact of this approach was far-reaching because it made significant new demands upon the entire community of students, faculty, and administrators.

Using an integrative approach, CSPP-B/A sought to enhance the level of competence among its students and faculty by directing its FIPSE-supported efforts to the following objectives:

1. Change the central elements of the core clinical curriculum.
2. Increase the number, range, and quality of practica, field, and supervision opportunities in CSPP-B/A's own Psychological Services Center and in other community service agencies and organizations so that every CSPP-B/A student has substantial and well-supervised internship experiences with clients of diverse cultures.
3. Revise and enhance the process by which CSPP-B/A evaluates student and faculty knowledge of and competence with racial/ethnic minority clients.
4. Maximize program benefits by disseminating materials developed for and outcomes attained by the program to other training institutions, service providers and professional organizations.

BACKGROUND AND ORIGINS. The California School of Professional Psychology (CSPP) was founded in 1969 as the nation's first autonomous graduate school of professional psychology. Today, it offers a variety of integrated programs combining psychological theory, professional skills, research, and personal growth to provide the broad training that enables graduates to function effectively as practicing professionals and scholars. CSPP was founded on the premise that the mental health needs of our society require a psychology training program blending professionalism and science in new and creative ways. At the time, CSPP represented a radical departure from traditional training models. CSPP's first students were admitted to its initial campuses in San Francisco and Los Angeles in 1970. The San Diego Campus was added in 1972 and the Fresno

campus was founded in 1973. In November, 1977 the San Francisco campus moved to a new home in Berkeley, and in 1988 the campus moved to the nearby community of Alameda. There are approximately 2,200 students enrolled at CSPP's four campuses. In 1977, CSPP received accreditation from the Western Association of Schools and Colleges (WASC). In 1984, the Ph.D. program in clinical psychology at the Berkeley campus became accredited by the American Psychological Association (APA) and we are now in the process of applying to APA for accreditation of our new Doctorate in Psychology (Psy. D.) program.

The FIPSE grant was awarded specifically to the Alameda/Berkeley campus of CSPP. Of 325 full-time and 138 moderated (2/3-time) students in the clinical programs at our campus, plus additional students completing their dissertations or internships, 74 percent are women and 15 percent are ethnic minorities. Three percent of the students have disabilities and are assisted with their special needs. CSPP's Alameda campus has 36 core and 93 adjunct faculty members. Of the core faculty members, 42 percent are women and 19 percent are racial/ethnic minorities.

While we are committed to a strong generic core in our clinical program we have increasingly come to recognize the diversity of interests of our faculty and students through the creation of emphasis areas. At present, we offer five such areas within the clinical program: Health Psychology, Psychodynamic Psychology, Family/Child Psychology, Multicultural and Community Psychology, and Psychology of Women. The last two areas were established in the Spring of 1992 and 1994 respectively and will be discussed further in this report under "Institutionalization." While we feel that specialization is best reserved for the post-doctoral level of training, the emphasis areas provide opportunities for students to gain more concentrated exposure to a particular theoretical framework or problem area.

Background and Context of the Project

Ethnic minority populations compared to their white counterparts are growing rapidly and the increase is particularly pronounced in California. While this growth has many positive effects, it also presents strong social, economic, and educational challenges that must be addressed by public and private institutions. APA, as the parent professional association for psychology nationwide, has recognized these challenges concomitant with the need to appropriately and effectively meet the expanding social and mental health needs of populations that have traditionally been underserved by the nation's mental health system. Backed by a growing body of research, APA further contends that ethnic populations are at unusually high risk of suffering from social and psychological dysfunctions because of the compounding impact of racism, poverty, inadequate education, and formidable institutional and cultural barriers to resource utilization.

With respect to meeting these demands, APA is well aware that competently trained minority and non-minority professionals are badly needed to provide responsive services. For instance, psychologists from ethnically diverse backgrounds are significantly under-represented in the profession, and there are not enough minority clinicians to meet the demands of minority populations, particularly those who want or need bilingual or bicultural services. Moreover, attention to cultural diversity is now a specific criterion of APA for accreditation of doctoral training programs in professional psychology. With this FIPSE-funded Project, CSPP hoped to break the professional inertia in providing programmatic responses to address the needs of ethnic minority populations.

PROJECT DESCRIPTIONS. CSPP-B/A's project activities and accomplishments were greatly influenced by the level of funding. The initial FIPSE funding award was

$50,000, less than half the amount requested for the first year. (Over the three years of the Project, funding was $119,563 less than requested.) Moreover, the initial award was made after the proposed start-up date. Given this funding reduction and the delayed starting date, CSPP-B/A was faced with the decision of how best to revise the scope of the undertaking. This was a difficult process in that the original proposal involved four objectives that were intimately tied to one another.

To accommodate the cut in the first year's budget, several changes were made in the original proposal. The major changes in Year I involved dropping many of the original courses identified for revision and modification (under Objective 1), and eliminating one of the four original objectives altogether (that of increasing the range and quality of clinical training opportunities--Objective 2). A description of CSPP-B/A 's Project is presented in chronological order within four substantive areas: curriculum change, training, resource development, and dissemination.

Curriculum Change

It is axiomatic that in order to bring about curricular change, faculty "buy in" is essential. FIPSE funding was instrumental in ensuring faculty acceptance of our goals to enhance multicultural training at CSPP-B/A. From that point, most faculty members showed increased interest in and commitment to bringing about curricular as well as institutional change.

To begin the process of curricular change, various meetings were held with different groups of faculty teaching each of the targeted courses beginning in late Fall 1990. These meetings involved close to forty different faculty members and served to provide a forum to begin addressing the complex issues inherent in the development of a multicultural model of professional psychology training. Goals, resources needs, and strategies for implementation were

identified but, more importantly, diverse viewpoints were expressed and considered. Sometimes faculty came to easy conclusions; in other instances faculty were startled by the depth of their differences.

The eleven faculty members teaching the first year **Introduction to Professional Issues**, for example, unanimously agreed to adopt a focus on the students' own ethnic identity as part of their process of professional development. This course was designed to provide closer mentoring and personal attention during what many students had experienced as their most difficult year in the program. Issues of transitioning from a student to a working professional and one's adequacy in meeting the demands of a new profession are the intended foci of this seminar.

A series of meetings was also held with the Professional Training Committee and the eight faculty members teaching the second year **Seminar in Clinical and Ethical Issues.** Several new articles and references were provided to this group and the decision was made to revise this entire reader, both to conform more closely to the new APA guidelines on practicum-level training and to supplement existing material concerning clinical work with clients from diverse ethnic backgrounds. It was also agreed that new clinical vignettes would be developed, focusing on ethical and treatment issues in working with ethnic minority clients, in order to bring more uniformity across sections in classroom discussions and course content.

Another curricular change was a joint proposal in 1991 by both the Faculty Curriculum Committee and the Council on Minority and Multicultural Affairs (COMMA) to institute a **Racism Awareness Workshop.** This experimental workshop is now a requirement in the first semester of study at CSPP-B/A. It was felt that this experience needed to occur early in a student's career so that it could then serve as a basis for other learning in subsequent years. Following the

Faculty Curriculum Committee's recommendation in 1993, the Faculty Senate also agreed to adopt an additional course, **Intercultural Communications Laboratory**, which is now a requirement during the second semester of study. This course was designed to provide more in-depth coverage of different aspects of cross-group interactions including bias and prejudice, class and gender issues, and implications for actual practice with diverse clients. Each of the seven sections is team-taught by faculty members representing both the majority culture as well as non-majority, with a careful balance maintained between content and individuals' personal experiences. [See Appendix A and B for sample course syllabi and faculty training content]

Given the substantive and structural revisions of the key core courses, it was imperative for corresponding revisions to be made in the structure and elements by which students' and faculty's knowledge and competence in this area are evaluated. This responsibility was shared among the Faculty Committee on Evaluation of Student Competence (FCESC), the Professional Training Committee (PTC), the Faculty Standards and Review Committee (FSRC), and the Faculty Curriculum Committee (FCC). These committees reviewed and re-evaluated the adequacy and appropriateness of every instrument, measure, and mechanism of evaluation currently used at CSPP to ensure that multicultural knowledge, skills, and values were demonstrated.

During the first year, the Project also began development of a new set of guidelines on multicultural issues in psychotherapy to complement the existing structure of the third year **Clinical Proficiency Progress Review** (CPPR). The CPPR was modelled after the evaluation process for the Diplomate in Clinical Psychology of the American Boards of Professional Psychology (ABPP). Students present a clinical case to a six member panel composed of faculty, field supervisors and peers, and are evaluated for the quality of both their written

report and oral presentation. Changes in the multiple-choice test items of our Preliminary Examinations were also begun (previously submitted to FIPSE) as we continue to refine our evaluation of students' knowledge and competence in addressing the mental health needs of multicultural populations.

Training

As articulated in the original proposal, training faculty to be more intellectually knowledgeable and emotionally comfortable with issues of cultural diversity was a central component of the Project. Preparation for this component began in Year I when the Spring 1990 faculty retreat was devoted to this subject. A videotaped presentation by Dr. Lillian Rose Roybal on Celebrating Cultural Diversity was presented, and faculty spent the day sharing and discussing their own ethnic backgrounds and differences, an experience which many found to be both moving and enlightening.

CSPP-B/A also provided numerous additional training activities throughout the duration of the Project. Many of these efforts brought outside experts to the Alameda campus to address faculty and students, including:

- o Dr. Judith Klein who presented a special lecture on "Ethnic Identity and Ethnotherapy."
- o Dr. Stanley Sue, Professor Psychology at UCLA, who gave an all-day workshop on "Asian Americans: Treatment and Assessment Issues."
- o Dr. Jose Szapocnik, Professor of Psychiatry at the University of Miami, who gave a presentation on "Engaging Resistant Families: Breakthroughs in Family Therapy with Latinos."
- o Dr. Forrest Hamer who gave a presentation titled the "Dynamics of Double Consciousness and the Psychology of African Americans."
- o Drs. Alex Leung and Patricia Perez-Arce who gave separate presentations on the psychodiagnostic assessment of Asian and Spanish-speaking

clients respectively, especially those who are foreign born.

- o Dr. Harold Dent, noted psychologist and forensic expert, who addressed several sections of the second-year Seminar in Clinical and Ethical Issues
- o Dr. Stanley Sue, Professor of Psychology at UCLA, Dr. Yvette Flores-Ortiz of the Chicano Studies Department at UC Davis, and Dr. Brenda Collins, a Native American psychologist, who spoke on cross-cultural mental health research and clinical practice with Asians, Asian Americans, Latinos and Hispanics, and Native Americans.
- o Dr. Joseph White, Professor and Director of African-American Studies at UC Irvine, whom many consider to be the father of Black Psychology.

These presentations were all videotaped and are now part of our library's holdings.

Of particular interest to CSPP students was the newly inaugurated Clinical Case Conferences through which different treatment cases were presented with faculty representing divergent theoretical perspectives as discussants. With the cooperation of Dr. Sam Gerson, Director of the Psychological Services Center (PSC), students who received outstanding evaluations on their CPPR were invited to present cases involving clients from diverse backgrounds as part of the school-wide Colloquium series. One additional student training activity was also supported by Project funds. Under the direction of Dr. Eduardo Morales, a study was conducted of students' beliefs regarding clinical competence, previous training in AIDS/HIV issues, and ethical issues in training psychologists who provide services to multicultural populations. This research was recently published by Professional Psychology: Research and Practice [Appendix C].

Resource Development

As a four-campus system, CSPP has a rich nucleus of Core faculty members who are themselves from ethnic backgrounds other than white, with various and

specific areas of expertise. In Spring 1993, the Project convened a system-wide meeting involving 28 faculty members for a two-day conference in order to draw upon their collective expertise. Part of the meeting involved participant exchange, with a focus on broader issues such as interactions among specific ethnicities, cross-group commonalities, and inter-generational patterns of migration and acculturation. The larger goal was to bring together a "critical mass" of relevant faculty so that some creative brainstorming could take place. The result was the development of a set of multicultural competence guidelines which offer the only coherent statement we are aware of nationally in which clinical competencies with diverse populations and actual curricula are integrated by year levels [Appendix D].

The FIPSE Project has also resulted in the development of numerous faculty and student resources. To aid faculty in supplementing their course preparations and expanding their reading lists, Project staff began compiling a comprehensive bibliography on multicultural psychology early on. In light of the extensive amount of bibliographic sources identified, it became necessary to organize these materials in useful and accessible ways. Project staff developed and updated specific topical bibliographies concerning such areas as mental health treatment issues with different ethnic/racial populations, therapist-client matching and its significance, diagnostic and assessment issues in psychopathology, legal/forensic issues, and specific intervention strategies for minority children and adolescents. These bibliographies were carefully annotated and made available to all interested faculty, especially those scheduled to teach any of the FIPSE-targeted courses. In addition, those references determined to be most relevant or useful were made fully available in the CSPP-B/A library as part of an "expansion file" on each topic. [Previous versions focusing on different ethnic populations have been forwarded to FIPSE as part of our Annual Reports; please see Appendix E, F

and G for examples of other bibliographies we have developed.]

By Year II, Project staff quickly realized that the amount of information being accumulated required more elaborate and differentiated categorization than was feasible through one central bibliography. The materials were therefore divided into three separate though related topics: assessment, psychopathology, and treatment considerations. In addition, a list of critical texts concerning multicultural populations and professional psychology practice was developed in Year II. Staff began to add these titles to the library collection with the intention of having as many volumes as possible by the end of summer 1992 so that faculty and students could avail themselves of these important references. In addition, we purchased a number of psychological tests and evaluation instruments that have been translated into Spanish and which are now available for training purposes. Finally, staff identified a number of videotapes concerning ethnic minority clients and populations, the most of important of which are those demonstrating the therapeutic or interviewing process directly. A special screening of these new audiovisual resources was held as part of Orientation at the beginning of the Fall semester 1992 in order to share with faculty and students their arrival and availability.

Dissemination

Project materials and resources have been regularly disseminated both within and outside the CSPP community. In addition to sharing the resource materials described above with our own faculty and students, the Project has also shared our work in several ways outside the immediate CSPP community. Copies of our bibliographies have been distributed to over one hundred different individuals and institutions. Descriptions of the Project and its resource materials have also been routinely announced at local and national meetings and conferences attended by the Project Director. These include the Redwood

Psychological Association, the San Francisco Psychological Association, the Center for California Studies, the Western Psychological Association, National Asian American Psychology Training Center, National Council of Schools of Professional Psychology, the Committee on Ethnic Minority Affairs (CEMA) of the American Psychological Association, and the American Family Therapy Academy.

A paper titled "Multicultural Education in Professional Psychology: Curriculum Integration at CSPP" was presented at the National Council of Schools of Professional Psychology Conference in January 1992 by the Project Director. A similar presentation was also given at the Western Psychological Association Convention in April of that year. That paper outlined the efforts of the FIPSE-funded Project along with a review of the problems encountered in the integration of multicultural content into a graduate professional psychology curriculum. It also proposed a conceptual schema for the organization of the vast amount of literature relevant to this issue. An expanded version of this paper emphasizing the proposed organizational schema was presented at the Centennial Convention of the American Psychological Association in August 1992 [Appendix H].

Data collected in the revised Clinical Proficiency Progress Review (CPPR) evaluation process and panel ratings have been summarized and a report was presented at the Western Psychological Association Convention in April 1992. Results from the assessment of clinical proficiency ratings of 94 students involving interactions with clients from various racial and ethnic backgrounds were analyzed. Comparisons were made between students' level of general clinical competence and specific aspects of multicultural proficiency such as the consideration of cultural issues in the development of assessment and intervention strategies, case formulations, and establishing a therapeutic relationship. Small but statistically significant differences were found among

different aspects of multicultural proficiency, suggesting that the new instrument differentiates multicultural proficiency from general clinical proficiency. More recently, a paper describing this work by four of our faculty members, Drs. Cooper, Michaels, Swope and Adams, was accepted for presentation at the 1994 APA Convention in August. A copy of this report, Measuring Clinical Competence: Further Development of an Assessment Tool, and our revised CPPR evaluation form can be found in Appendix I and J respectively.

EVALUATION/PROJECT RESULTS. The overall evaluation plan incorporated a variety of measures for each objective that became part of the institutional policy and procedures and directly related to a competence-based model of training. The evaluation of this Project consists of two basic components--a Process Evaluation and an Outcome Evaluation--and was independently conducted by an outside Program Evaluator, Martin Forst, Ph.D. [Appendix K]. Much of this section reflects the observations and findings of this independent evaluation.

The process evaluation is intended, generally, to understand the manner in which the Project was conducted, including issues related to planning, organization, and implementation. The process evaluation was carried out primarily through interviews with key participants and through the review of relevant Project documentation.

Interviews were conducted with a variety of key participants; these included administrators of the FIPSE Project, faculty who received Project training, and other CSPP B/A administrators. Interviews were semi-structured, including both closed-ended and open-ended questions, and among the general issues addressed were:

- o the capacity of the Project to meet its goals and objectives;
- o securing cooperation among faculty members;

- o resistance among faculty or staff to proposed changes;
- o types of courses for which multicultural training is easiest to integrate;
- o procedures that could be modified to ensure greater compliance in the future;
- o perceived benefits of the Project by administrators, faculty, and students;
- o assessing student perceptions of current curriculum and the overall quality of multicultural education in our program.

Salient documents providing critical information were also examined. These include specific Project documentation such as progress reports, annual reports and internal Project memoranda, as well as course syllabi, Course Information Forms (CIFs), and course reading lists.

The outcome evaluation was designed to assess the extent to which the Project met its goals and objectives. Of specific interest was determining if the experiences of the faculty were appreciably different following the implementation of the multicultural training. The outcome evaluation consisted, in part, of a pre/post design using baseline data obtained during the first Project year compared with those collected continuously throughout the three year Project period. Specifically included were examinations of course syllabi, CIFs and reading lists, and a comparison of Core Concepts and the Preliminary Examinations Bibliography.

In addition, the outcome evaluation examined products of the Project, specifically the accumulated bibliographic materials. Finally, the Project Evaluator assessed the nature and extent of dissemination of knowledge and resources acquired as a result of the Project.

Comparison of Course Syllabi

One central goal of the Project was to change the content of the courses taught, specifically enhancing their multicultural content. Using a pre/post

design, the evaluation compared course materials from Spring and Fall of 1990 with those from the Spring and Fall of 1993. Two documents submitted by faculty members at the beginning of each semester to describe the content of their courses were also reviewed. The first is the Course Information Form (CIF), a standardized form which includes several key pieces of information about each course such as "General Description," "Instructional Objectives," and "Evaluating Student Learning." It is interesting to note here that a concern for ethnic issues was evident on the CIF at the beginning of the FIPSE Project. For example, the 1991 CIF included two categories regarding racial/ethnic issues: "Class Component on Cultural and Ethnic Issues," and "Need for Guest Lecturers on Cultural and Ethnic Issues." The second source, the course syllabus, also describes course content. The syllabus is less structured but potentially more informative than the CIF, and includes a general description of the course, required texts, and at times a week-by-week outline with associated readings.

The evaluation team conducted a content analysis of the CIFs and the syllabi for the pre Project (1990) and post (1993) periods and made quantitative tabulations of whether the CIF or syllabus made mention of ethnic issues. During the pre period, only half of the CIFs or syllabi made any mention of race or ethnic issues. During the post period, 81 percent of the CIFs or syllabi contained entries or references to race or ethnicity as part of the course content. Compared to the pre period, moreover, courses in the post period more thoroughly integrated issues of race and ethnicity throughout the entire semester.

A content analysis of the faculty members' descriptions of the courses revealed that there was significantly more concern for or attention to ethnic issues in the post period. During the pre period (1990), as pointed out above, only 50 percent of the CIFs and syllabi mentioned ethnic issues and under the specific headings regarding ethnic issues, many sections were left blank. When present,

the descriptions were short, cursory, routine, and not thoughtful. Some examples follow:

- o "Cultural and ethnic issues will be addressed on an ongoing basis as relevant to the clinical material and class presentations."
- o "These will be considered in the context of the cases treated."
- o "These will presented on a case by case basis. Instructor will also make presentations based on issues that have come up in the many cases he has seen."
- o "To be considered and discussed where appropriate. Possible guest speaker on minority issues."

By marked contrast, the 1993 CIFs and syllabi provide quite extensive detail and show great concern for ethnic and cultural issues. The following are examples of that concern:

- o A minimum of two class sessions will be devoted to exploring issues around ethnic identity of the therapist and its potential impact on psychotherapeutic work. There will be required reading on this topic as well as a mandatory paper on ethnic identity issues."
- o "An important component of professional psychology consists of awareness of and sensitivity to issues of diversity; these issues will be covered, both as they might relate to students' personal experiences and as they relate to professional growth."
- o "Most or all seminar members will be treating a diverse cultural and ethnic population at their placements. Sociocultural factors will be examined in the context of specific cases. Therapist's own cultural identity and its interaction with the client's cultural identity will be an important focus, and relevant readings will amplify our own cross cultural and cross ethnic understanding."

- o "A strong emphasis is place on developing sensitivity to becoming multicultural therapists."
- o "Conceptual models used in test development, and normative test standardization will be examined for cultural bias. Ethnic issues in individual test protocols will also be investigated."
- o "A second goal of the course is to actively prepare students to integrate multicultural perspectives in the interpretations of tests. Specific readings will be assigned on racial ethnic groups. Students will also be expected to conduct an equal number of psychological tests with ethnically cultural backgrounds and discuss cultural influences on test performance."

Some examples of specific readings on ethnic issues required in the reading lists were:

Bulhan, H.A. (1985). Black Americans and psychopathology: An overview of research and theory. Psychotherapy, 22, 370-378.

Sue, S., et al. (1991). Ethnicity and culture in psychological research and practice. In Garnets, L., et al. (Eds.) Psychological perspectives on human diversity in America. Washington, D.C: American Psychological Association.

Howard, G.S. (1991). Culture tales: A narrative approach to thinking, cross-cultural psychology and psychotherapy. American Psychologist, 46, 187-197.

Comparison of Core Concepts and Bibliography

During each academic year, a Core Concepts and Bibliography document is distributed to all students in preparation for their Preliminary Examinations. Passing these examinations is a requirement for advancement to doctoral candidacy. A comparative analysis was made of these documents prior to the start

of the FIPSE Project (1989) and at the end of the Project (1994).

This analysis reveals some significant differences. Even the preface to the 1994 edition indicates a growing emphasis on multicultural issues, stating in part:

> . . . There are a few changes . . . of these documents. The most significant change to note is the emphasis--growing in CSPP's entire program over the past few years--on minority and cultural issues in all five subset domains.

In the most recent (1994) Core Concepts outline, race and multicultural issues have been expanded. For example, under the heading "Clinical Research Issues," the 1994 Core Concepts outline adds a section titled "Research on ethnic and gender groups." Additionally, the 1994 Bibliography included several references on race, ethnicity, or multicultural psychology that were not included in the 1989 version. These new titles include, for example:

Boyd-Franklin, N. (1989). Black families in therapy: A multisystems approach. NY: Guilford.

Markus, H.R. and Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion and motivation. Psychological Review, 98, 224-253.

Ridley, C.R. (1984). Clinical treatment of the nondisclosing black client: A therapeutic paradox. American Psychologist, 39, 1234-1244.

Sue, D.W. and Sue, D. (1990). Counseling the culturally different (2nd ed.) NY: Wiley.

Zuckerman, M. (1990). Some dubious premises in research and theory on racial differences: Scientific, social and ethical issues. American Psychologist, 45, 1297-1303

Important Project Issues

Several issues (sometimes inter-related) arose as a result of the FIPSE Project that need further discussion and analysis. As mentioned above, faculty

"buy in" is essential to bring about curricular change, particularly for such substantive change as multicultural education. During interviews, most faculty members acknowledged the importance of enlisting faculty support to both bring about change as well as to institutionalize it after grant funding comes to an end.

But there are some significant barriers to faculty acceptance to institutional change. The biggest single issue, according to faculty members, was how narrow or broad the scope of multicultural psychology should be. There were two ends to the spectrum of faculty sentiment. On the one hand, some faculty thought the issue of multicultural psychology should be cast very narrowly. This position held that the FIPSE Project (and related multicultural psychological training) should concentrate exclusively on three or four racial/ethnic groups—African Americans, Hispanics/ Latinos, Asian/Pacific Islanders, and Native Americans. (There was even lack of agreement on which specific ethnic groups should be subject to this concentration.)

These groups should be the exclusive focus of attention for several reasons. First, these groups had suffered—and continued to suffer—the most discrimination, oppression, economic deprivation, etc. Moreover, psychologists working in public settings—e.g., public health clinics in urban areas—would be likely to encounter clients from these ethnic/racial groups. And, although other aspects of multicultural psychology may be interesting and important, there is simply not enough time to cover everything. If faculty members discussed the broader aspects of multicultural psychology, the reasoning goes, then issues regarding the "official" minority racial groups could not possibly be covered adequately.

At the other end of the opinion spectrum, some faculty members wanted a more broad conception of multicultural training. These faculty members believed that many other aspects of cultural and individual differences—e.g., disability, religion, sexual orientation, etc.—should be included in multicultural psychology.

The discrimination, oppression and economic deprivation related to gender bias, homphobia or ageism are no less significant and important to understand. Students, it was felt by some, must recognize the pervasiveness of these social and cultural differences among the clients they will serve.

The above issue is important in part because it relates to the faculty's willingness to accept change. To the extent that faculty were divided on the scope of the FIPSE Project training effort, full participation was at first limited. For example, faculty members espousing the broader approach did not want to accede to any changes limited to only studying three or four groups, and vice versa.

It appears that somewhat of a compromise was reached at CSPP-B/A. To address the need for a more concentrated focus, the Alameda campus adopted a new course requirement on "Racism Awareness," as mentioned earlier. This two-day workshop focuses on the importance of race and racism in the field of psychology and in society more generally. To address broader conceptions of multicultural diversity, the Alameda campus also adopted the "Intercultural Communication Laboratory: The Psychology of Difference." This semester-long course focuses on a wide range of social and psychological differences among people, especially as those differences may affect the practice of psychology [see Appendix A]. These two courses are small reflections of some larger institutional changes that will be discussed further in the section on Institutionalization.

To shed further light on this issue as well as the broader question of how well multicultural content is now integrated into our curriculum, a survey was recently conducted of students in the first through third year levels [Appendix L]. One question asked about students' preference in terminology between "multicultural," "cultural diversity," and "racial/ethnic minority" as well as their reasons. Thirty-six of 78 respondents (46%) indicated a preference for the first term, followed by 25 (32%) for the second, and only 4 (5%) for the latter.

Significantly, there was no difference in these preferences between students who identified themselves as Euro-Americans versus students of color, nor did these two groups differ on any of the following questions we also asked.

More importantly, with respect to the larger question of how much the FIPSE Project has had an impact on our curriculum, students were asked, "In general, how well have issues of cultural diversity been addressed in the overall curriculum at CSPP?" Seventy-eight students responded using a 7-point Likert-type scale with 1 representing "very well" and 7 "not well at all." The overall mean response was 3.72 (S.D. = 1.57) with first-year students liking our efforts significantly more than third-year students. This reflects our goal of addressing multicultural issues early on in the curriculum as much as possible, and the results indicate that first-year students seem more pleased with the changes we have made than second or third- year students who have not benefited from these changes as much.

Students were also asked to identify particular courses in which they feel these issues have been especially well addressed. Not surprisingly, the Intercultural Communications Lab was most frequently identified among 15 different courses cited (31 of 78 responses). This was gratifying to note as it indicates that this new requirement is seen as being successful in addressing the issues we had intended after only recently being implemented. Somewhat more surprising was the second-most endorsed course, Observation and Interviewing (24/78), also a first-year requirement, followed by our second-year Seminar in Clinical and Ethical Issues (17/78). Again, these results support the Project's goal of creating changes early in the curriculum and indicate that we have been successful in this endeavor.

We also asked students what they perceived the most important components of the successful course to be—"How important to the success of these courses were

each of the following?" Again using a 7-point Likert-type scale with 1 representing "very important" and 7 "not important," students rated eight different possible categories including instructor's racial/ethnic/cultural identity, his/her knowledge and preparation, sensitivity and understanding, students' racial/ethnic/cultural representation in class, specific readings or audio-visual materials used, amount of discussion generated, degree of openness and respect shown, and other. Four of these choices were rated as significantly more important than others: instructor's sensitivity and understanding (M=1.16), degree of openness shown (M=1.40), instructor's knowledge and preparation (M=1.71), and amount of discussion generated (M=1.89). Instructor's racial/ethnic/cultural identity and students' representation in class were seen as only moderately important (M=3.50, 3.75 respectively). The results of this survey will be more carefully analyzed and summarized with likely presentation through an appropriate professional forum.

Institutionalization. Another issue of importance is institutionalization of change. The Project could not be considered a success unless the changes brought about lasted beyond the end of FIPSE funding. This appears to be the case. Several indicators point to strong institutionalization of change at CSPP-B/A; these include the changes in the course syllabi and core concepts document mentioned above. The Director of the FIPSE Project is also currently serving a two-year term as Chair of the Faculty Curriculum Committee.

The FIPSE Project was also associated, directly or indirectly, with changes in CSPP-B/A's emphasis areas, further evidence of institutionalization. The five current emphasis areas are: child and family, health psychology, psychodynamic theory and practice, multicultural and community, and psychology of women. While the first three were established in 1986, the multicultural and community emphasis area was created in 1992, two years following the start of our FIPSE-

funded Project. We now have what we feel is an optimal academic structure, an emphasis area for those students who wish to concentrate on these issues as well as an enhanced core curriculum to ensure that all our students are competent in meeting the needs of diverse populations.

The purpose of all emphasis areas is to provide specialized training—to pursue critical areas of knowledge in greater depth than allowed only through the core curriculum. Thus, at CSPP-B/A, both generalized and in-depth multicultural training now exist. The FIPSE-funded Project has enhanced multicultural training in our core courses—those taken by all students. And the multicultural and community emphasis area now allows more interested students to pursue additional concentrated training. Faculty interviews confirm that the training and change that has taken place at CSPP over the last three years have indeed been institutionalized. Faculty members in general seem pleased with the direction and magnitude of that change.

SUMMARY AND CONCLUSIONS. The three-year FIPSE project at the California School of Professional Psychology has been highly successful. The core curriculum has been substantially changed, with a strong infusion of multicultural content and training in all core courses. Faculty and students have demonstrated a change in multicultural attitudes, knowledge and skills. The significant changes inherent in these curricular modifications are both substantive and philosophical. Certainly, there are concrete and tangible components to be identified and created such as the bibliographic review and making of resources available to faculty and students. More importantly, perhaps, it is the overall inquisitiveness and openness to such changes that is educative and enriching, especially if it occurs in the context of faculty and student collaboration and mutual inquiry.

APPENDIX A

INTERCULTURAL COMMUNICATIONS LAB

COURSE SYLLABI

C-401
Spring, 1994

Arthur Blaustein
Peter Chang

INTERCULTURAL COMMUNICATIONS LAB:
The Psychology of Prejudice

Course Description:

This course will focus on the perceptions and behaviors between members of different cultures, ethnicities, and races. In so doing, we will pay particular attention to our own attitudes and experiences regarding such differences, as well as the related issues of class, gender, religion, sexual orientation, age, physical ability, etc. Critical readings and videotapes will be assigned as the basis for our discussions. Our success will depend entirely on how open and respectful we can be of one another, as well as our personal openness to new ideas, points of view, and perspectives.

Objectives:

1. To develop an awareness of and sensitivity to one's cultural heritage and values.

2. To expand our awareness of our own biases and how they interfere with our communication and understanding of persons from other backgrounds.

3. To develop a more inclusive understanding of others and their experiences; to develop a sense of openness and respect for these differences .

3. To develop a greater awareness of the dynamics of power as they relate to oppression and racism.

Requirements:

1. Regular participation in class discussions.

2. Evidence of a thoughtful reading of assigned materials.

3. Regular entry in a log to be kept of thoughts and reactions to course materials.

4. Participation in two Saturday workshops designated as part of this course.

Evaluation: Students will be evaluated primarily on the degree of their participation, openness in sharing personal viewpoints and experiences, and willingness to consider discrepant perspectives and range of view. Pass/No Pass will be determined on the following basis:

Attendance	=	10 points
Participation	=	10 points
Log keeping	=	10 points
Saturday workshop or research paper	=	20 points
Critical analysis paper	=	10 points
	Total	60 points

A minimum of 50 points is needed in order to pass.

Readings:

Pinderhughes, E. (1989). Understanding race, ethnicity and power: The key to efficacy in clinical practice. New York: Free Press.

Course Reader available at CopyMat in Alameda.

Course Outline:

Week 1: 1-27 Course overview and introduction. Group exercise about personal backgrounds and histories. Racial identity awareness scales.

Week 2: 2-3 Self-disclosure and personal history exercise continued.
Read: APA guidelines for providers of services to ethnic minority populations.
Markus & Kitayama: Culture and the self: Implications for cognition, emotion, and motivation.
Sue, Arredondo & Roderick: Multicultural counseling competencies and standards: A call to the profession.

Week 3: 2-10 Racism and intergroup conflict. "Fires in the Mirror" videotape.
Read: Essed: Knowledge and comprehension of everyday racism. The structure of everyday racism.
Miller: The politics of respect.

Week 4: 2-17 Continued discussion of videotape and issues regarding racism.
Read: Takaki: Multiculturalism: Battleground or meeting ground?
Sabnani, Ponterotto & Borodovsky: White racial identity development and cross-cultural counselor training.

Week 5: 2-24 Class prejudice and social conflict; the effects of poverty; "The Business of America" videotape.
Read: Rothman: Institutionalizing and legitimatizing inequality.
Class consciousness.

Week 6: Sexism and gender prejudice.
3-3 Read: McIntosh: White privilege and male privilege.
Paul: The women's movement and the movement of women.
Tarr-Whelan: Women today and the women's movement.
Zia: Women of color in leadership.

Week 7: Homophobia. "The Word is Out" videotape.
3-10 Read: Fried & Reinelt: A family policy for "all kinds of families."
Garnets, et al.: Issues in psychotherapy with lesbians and gay men.
Gonsiorek & Weinrich: The definition and scope of sexual orientation.
Morgan & Nerison: Homosexuality and psychopolitics: A historical overview.

Week 8: Physical disability and size prejudice; ageism.
3-17 Read: Arber & Ginn: Gender, class and health in later life.
Gender and the politics of ageism.
Kirshbaum: Disability and humilation.
Olkin: Crips, gimps and epileptics explain it all for you.

Week 9: Critical issues debate and discussion: "Affirmative action."
3-24 Read: Pinderhughes: Understanding difference.
Understanding ethnicity.
Understanding race.

Week 10: Critical issues debate and discussion: "Poverty."
4-14 Read: Brown: The impact of political and economic changes upon mental health.
Ramirez: Feeling different.
Emergence of a psychology of differentness and pluralism.
The cognitive and cultural flex theory of personality.

Week 11: Critical issues debate and discussion: "Immigration."
4-21 Read: Sluzki: Migration and family process.
Pinderhughes: Assessment.
Treatment.

Week 12: No class meeting. Saturday workshop to be announced.
4-28

Week 13: No class meeting.
5-5

Week 14: Clinical practice with clients from diverse backgrounds.
5-12 Read: Sue & Sue: Barriers to effective cross-cultural counseling.
Cross-cultural communication/counseling styles.

Week 15: Course review and process evaluation.
5-19

4. Journal

Students will maintain Journals and make entries following each class session. This learning instrument is intended to provide the student with a personal accounting of their reactions to reading materials, class process, and outside of class observations and experiences. Issues on which to focus include, but are not limited to the following:

* Are my beliefs different or the same as the majority of beliefs about _____ in this class, school, geographic location?

* To what can I attribute this belief?

* Is there anything I should/can do to modify this belief?

* Is this belief beginning to cause me any anxiety or discomfort?

* Have I behaved this week in a manner that may have been construed as culturally biased, inconsiderate, or questionably appropriate?

* Have I seen someone else this week behave in a manner that may have been construed as culturally biased, inconsiderate, or questionably inappropriate? What was my response?

* With whom, or what type of person am I uncomfortable or disturbed by in some way?

* When dealing with others, in what kind of situation does their being different cause me to react?

Journal entries must be made weekly, and advisably, soon after the class. There is no requirement on the length of the entry, however, each entry should reflect some substantive thought. Journals will be collected following Lectures 6 and 13. Journals will not be evaluated for "political correctness," but rather, as an indication of the student's willingness to self explore these difficult issues.

APPENDIX B

INTERCULTURAL COMMUNICATIONS LAB

FACULTY TRAINING SCHEDULE AND CONTENT

CSPP
CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY

BERKELEY ALAMEDA
FRESNO
LOS ANGELES
SAN DIEGO
PRESIDENT'S OFFICE

BERKELEY ALAMEDA CAMPUS
1005 ATLANTIC AVENUE
ALAMEDA, CA 94501
(510) 523-2300

C 401 INTERCULTURAL LAB: THE PSYCHOLOGY OF DIFFERENCES

TRAINING AGENDA

JANUARY 10 - JANUARY 11, 1994

MONDAY, JANUARY 10

SECTION I: SELF ASSESSMENT

9:00 - 9:15	COURSE OVERVIEW
9:15 - 10:30	ETHNIC GROUPS: * Self administration of Identity/Acculturation scales. * Discussion in small groups.
10:30 - 10:45	Break
10:45 - 12:00	LARGE GROUP: * Personal Culture History exercise.
12:00 - 12:30	Break

TUESDAY, JANUARY 11

SECTION III : PROFESSIONAL ASSESSMENT

9:00 - 10:30 CRITICAL INCIDENT EXERCISE
*(Read "White Privilege and Male Privilege")
*Discuss White male Backlash

10:30 - 10:45 Break

10:45 - 12:00 EXERCISE
Abilities

12:00 - 12:30 Break

12:30 - 2:30 FILM and Critical Incident Exercise
*"Word is Out"
* Discuss Gays in the Military and Clinton's "Don't Tell" Policy

2:30 - 2:45 Break

2:45 - 3:45 Debriefing

3:45 - 5:00 Saturday Workshop Planning

Crisis Anticipation/Faculty Support Meeting Dates

SECTION II: INTERACTIVE ASSESSMENT

12:30 - 2:00	FILM AND DISCUSSION * "Fires In the Mirror"
2:00 - 3:30	DEBATE * "Has Multiculturalism Gone Far Enough or Too Far?" *Process
3:30 - 3:45	BRAKE
3:45 - 5:00	DEBRIEFING *"Judgments" exercise. * Process

DATE: JANUARY 20, 1994

TO: INTERCULTURAL LAB FACULTY

FROM: PAT CANSON

RE: DETAILS FOR THE LAB

1. SATURDAY WORKSHOP

Students and faculty will have a rare opportunity to participate in the Elaine Pinderhughes workshop, which is a Continuing Education course scheduled for Saturday, February 12. Although this is an all day workshop, and students will get credit for only four of the hours, I anticipate that few - if any - would not want to remain for the entire session. (You will remember that students will be utilizing the Pinderhughes text "Race, Ethnicity and Power").

2. PREPARATORY READING

It may be helpful to you to read the two chapters by Ramirez, entitled "Emergence of a Psychology of Differentness and Pluralism", and "The Cognitive and Cultural Flex Theory of Personality" pgs. 353-364, prior to or early in your training. These chapters provide an interesting framework for addressing issues of culture within psychology.

3. IDENTITY SCALES

The readers will not contain the Ramirez, Suinn-Lew or Helms scales or scoring. Packets containing the scales, (measured with a guesstimate of the racial composition of each class) should be available in Karen Hildebrands office on Friday. If more scales are needed than are in your packet, extras are available in Karen's office. Also included in the packet is the Heterosexual Questionnaire and the McIntosh article on "White Privilege, Male Privilege".

The Helms packet that I received did not include the scales needed to score the instruments, so, I would suggest that you use the instruments for discussion purposes. Helms did, however, request that we return the raw data to her so that she can continue her work on the instruments. In your packets, I included her request - which I would like to honor. To that end,

please request your students to return the instrument (or somehow collect the data) and return to me.

4. GRADING

The grading procedure will be as follows:

* Pass/No Pass
* Total possible points = 60. Points must total 50 for a passing grade, with the following point assignments:

    Logs = 10 points
    (Logs can be simply checked for being turned in regardless of the content or can be evaluated according to the outline-same number of points either way).

    Attendance = 10 points
    (Two unexcused absences = NP)

    Saturday Workshop or Research Paper = 20 points

    Participation = 10 points

    Critical Analysis Paper = 10 points

5. LIST OF FILMS
Attached

6. I.L. Faculty Support

Two meetings have been scheduled for Friday March 4 at 3:00 and Friday May 6 at 3:00. Your attendance at these meetings is critical so that we can follow the process of the courses and prepare student, faculty and overall course evaluations. Please keep in mind that a great deal of time and money have been put into the development of this project, and your input is necessary for this evaluative phase.

Several faculty have expressed a desire to have a supportive network among faculty teaching this course. If you are interested in being able to call another faculty at home - or vice versa, please complete the form attached, and return it to my mailbox. Needless to say, the listing will remain confidential among the Intercultural Lab Faculty.

Good luck to you all, and my sincerest appreciation to you for your commitment to this project. I am available for consultation at any time.

C401 INTERCULTURAL LAB: THE PSYCHOLOGY OF DIFFERENCES

FILM LIST

Best Boy
(Family Development and Mental Retardation)

Coming of Age
(Racism and Sexism Awareness Training for High Schoolers at Summer Camp

A Family Gathering
(History of Japanese American Family)

Fires in the Mirror**
(Crown Heights Confrontation)

Lesbians and Gays in Nazi Germany

Longtime Companions
(AIDS in the Gay community)

Migrant Farmworkers
(Class and Culture issues)

Silent Pioneers
(History of Gay/Lesbian Movement)

True Colors**
(Differential treatment of African-American and White in employment and housing search)

Word is Out**
(Firsthand accounts of Gay/Lesbian lifestyles- somewhat dated)

Tapes are available on Reserve for Intercultural Lab. Please return immediately following screening in your class.

CALIFORNIA SCHOOL OF
PROFESSIONAL PSYCHOLOGY
INVITES
THE CAMPUS COMMUNITY
TO THE

THOMAS HILLIARD SYMPOSIUM

IN HONOR OF BLACK HISTORY MONTH

GUEST LECTURER:

DR. JOSEPH L. WHITE

FATHER OF BLACK PSYCHOLOGY

WHEN
FEBRUARY 24, 1994
WHERE
ROOM 116
TIME
NOON

SPONSORED BY:
CSPP-ALAMEDA STUDENT ASSOCIATION
OFFICE OF MINORITY AND MULTICULTURAL AFFAIRS
MULTICULTURAL & COMMUNITY EMPHASIS AREA
CSPP FUND FOR THE IMPROVEMENT OF
POST SECONDARY EDUCATION GRANT PROJECT

INTERCULTURAL LAB INSTRUCTORS, PLEASE ENCOURAGE STUDENTS TO ATTEND

DATE: APRIL 12,1994

TO: INTERCULTURAL LAB FACULTY AND TRAINING PARTICIPANTS

BEAM
BILMES
BLAUSTEIN
BLUM
CEDILLO
CHANG
CURTIS-BOLES
FERGUSON
INDVIK
HUFFLINE
JENKINS-MONROE
POLK
TAUB
BRESSLER
DUCKER
SCHOENENBERGER
GORDON
OLKIN
SWOPE

FROM: PAT CANSON, INTERCULTURAL LAB COORDINATOR

RE: SATURDAY WORKSHOP

On Saturday, April 16, from 10:00 to 2:00, Rm. 234, we will have our Faculty Workshop on "Difficult Issues related to Teaching Cultural Diversity". The workshop will be conducted by Sandra Smith, Ph.D. of *VALUE ADDED*, an organization that conducts diversity training for the business and health industries.

Since my initial notice to you several weeks ago, I have heard from only Julie, Art and Harriett regarding their inability to attend. I will assume therefore, that the remainder of the faculty who are presently teaching the course will be in attendance. The faculty who took the initial training in January are strongly encouraged to attend.

Lunch - generally a pretty good incentive - will be provided.

APPENDIX C

AIDS/HIV TRAINING-NEEDS SURVEY

Professional Psychology: Research and Practice
1993, Vol. 24, No. 2, 224-227

0735-7028/93/$3.00

HIV Training and Perceived Competence Among Doctoral Students in Psychology

Sandra S. Kindermann, Terrence M. Matteo, and Eduardo Morales

A training-needs assessment was conducted at California School of Professional Psychology, Berkeley/Alameda, on students' beliefs about clinical competence, past training in human immunodeficiency virus (HIV) issues, and future training needs at the school. They perceived themselves to be somewhat competent in providing clinical services to HIV patients and members of groups at high risk for HIV. A modest correlation was found between the students' total HIV training and perceived competence, but none was found between the multicultural emphasis in HIV education and their perceived competence. These findings suggest an ethical dilemma surrounding inadequately trained psychologists providing services to multicultural populations. Ethical issues concerning training standards and criteria for clinical competency are discussed.

Because of the continuing spread of human immunodeficiency virus (HIV) into populations other than those initially considered to be "at risk," it is likely that health professionals will encounter someone who is HIV positive at some stage of acquired immunodeficiency syndrome (AIDS) or AIDS-related syndrome (ARC), or someone who has a friend or family member who has been affected by HIV. As noted by several recent national surveys of doctoral psychology programs, little in the way of doctoral-level classroom training specifically relating to HIV is available for future psychologists. Pingitore and Morrison (1990) reported that only five (4.45%) programs offered a formal course on HIV. Sayette and Mayne (1990) reported that only eight programs cited AIDS as a research area in clinical psychology. Campos, Brasfield, and Kelly (1989) reported that 75% of programs with doctoral-level training did not provide students with any training in AIDS-related topics. Regarding internships, these authors reported that two thirds of the programs offered no training experiences in clinical and counseling services for persons with AIDS.

HIV continues to be racially and ethnically disproportionate in its prevalence, with Blacks and Hispanics at greater risk than Whites (ethnic categories are those reported by the Centers for Disease Control, 1987). Lack of awareness of the complexity of issues and the unique characteristics of the subcultures involved may hamper health professionals' efforts to design and implement effective interventions (Houston-Hamilton, 1986; Mays & Cochran, 1988). The purposes of this study were to assess (a) the extent of multicultural HIV training of doctoral psychology students at the California School of Professional Psychology–Berkeley/Alameda Campus (CSPP), (b) the needs of students for future HIV training, (c) their perception of clinical competence in treating persons with HIV and other persons at risk, and (d) their attitudes toward HIV-related issues. In the literature we examined, no study of this kind had been presented.

The prevalence of AIDS in the greater San Francisco Bay Area was 122.5 cases per 100,000 in 1991, the highest rate in the country. For comparison, the rate in California as a whole was 25.4 cases per 100,000 (Centers for Disease Control, 1992). Although CSPP now offers a multicultural track in its clinical program, at the time this research was conducted, CSPP had not yet implemented it. At CSPP, the word *multicultural* is construed broadly, to include members of all cultures, not merely the four large ethnic groups commonly used for comparisons in the United States. At the time these data were gathered, CSPP did (and continues to) offer a semester-long course on the multicultural aspects of HIV.

Method

Study Design

A needs-assessment survey was given to all registered clinical psychology students attending classes at CSPP. A research hypothesis was

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THE AUTHORS ARE GRATEFUL for the assistance of Christopher Tori, PhD, Bruce Cooper, PhD, and Joe Mullan, PhD, for advice on data analysis, and for comments by Joel Kramer, PsyD, and three anonymous reviewers on previous drafts of this article.
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also stated that expected significant positive correlations among (a) the amount of HIV/AIDS training a student had received, (b) the multicultural emphasis contained in such training, and (c) the student's expression of (1) perceived competence and (2) comfort in treating, and (3) willingness to treat various members of the subcultures with or at high risk for HIV/AIDS.

Subjects

Four hundred twenty-five copies of a self-administered paper-and-pencil survey were distributed to students enrolled in the clinical psychology program at CSPP who were at various stages in their professional training. All registered doctoral students except those classified as "all but dissertation" (ABD) were requested to participate in the study. ABD students were excluded because of their lack of availability on campus and their status of having completed all coursework. A copy of the instrument was placed in each student's mailbox. Students were instructed to place completed instruments in a collection box in the student dining facility. Participation was anonymous, and no inducement for completion was offered.

Instrument

In addition to demographics, the survey elicited information about previous training in HIV, the multicultural emphasis in such training, preferred topics and format for future training, perceived clinical competence concerning persons of differing cultural backgrounds with and at risk for HIV, and attitudes and beliefs about HIV-related issues. Multicultural emphasis, perceived competence, attitudes, and beliefs were assessed using 6-point Likert-type scales. The format for demographic information was adapted from a survey on HIV attitude designed by Bliwise, Irish, Grade, and Ficarrotto (1989).

Results

One hundred questionnaires (24.3%) were returned. This response rate was consistent with previous response rates for one-time, anonymous surveys at CSPP for which no follow-up contact could be made. Power analysis for a correlational effect size of .3 required a sample of 101 cases (Howell, 1987), but this number was deemed adequate for analysis. Internal consistency for the aggregate of Likert-type items was high (Cronbach's alpha = .90).

The sample was significantly older than the population (*M*s = 31.6 vs. 29.0 years; $SD = 6.64$; $Z = 4.03$, $p < .0001$), but representative in terms of sex, $\chi^2(1, N = 100) = 0.675$, $p > .05$. Although it was not possible to determine whether the sample was representative in terms of race and ethnicity, because of the manner in which CSPP kept its records, respondents identified themselves as Black/African American (1%), Chinese/Chinese American (3%), Japanese/Japanese American (3%), Filipino/Filipino American (1%), East Indian (1%), American Indian (1%), Latino/Latino American (5%), and Caucasian (85%); 2% of the responses were missing. CSPP kept no records on students' sexual or affectional preference, but the sample identified itself as exclusively heterosexual (70%), primarily heterosexual (9%), bisexual (5%), primarily homosexual (3%), and exclusively homosexual (12%); 1% of the responses were missing. Each subject's reported HIV-related training in various venues (e.g., courses, symposia/grand rounds, etc.) was summed, yielding an ordinal variable—HIV Education. Although the types of training were not considered equivalent, we decided to aggregate them to provide the highest probability of achieving positive correlations among this and the perceived competence variables. The mean number of symposia, lectures, and courses was 3.5 ($SD = 11.47$), with the preponderance of answers occurring in the symposia and colloquia categories. The modal answer was zero in each category.

The multicultural emphasis for all types of training experience was averaged, yielding a variable—Multicultural Emphasis. The mean amount of multicultural emphasis reported for symposia, lectures, and courses was 3.6, $SD = 1.48$ (1 = *no emphasis*, 6 = *thorough emphasis*). The respondents expressed a desire to receive HIV-related training, with primary preference in clinical manifestations: depression (77%), suicide (76%), and grief (74%). Endorsement for training regarding populations and groups affected was nearly as high (children and substance abusers, 75% each; minorities, 73%; women, 69%; and gays and lesbians, 63%). Short, concentrated training modalities, such as weekend workshops, were preferred (73%).

A principal-components analysis using varimax rotation was carried out on each of three separate groups of Likert-scaled items (anchors: 1 = *low* to 6 = *high*; Norusis, 1988). A minimum eigenvalue of 1 was the criterion for retaining a factor. Two factors emerged from each of the first two groups. Although fewer than five cases per item were available, the Kaiser-Meyer-Olkin measures of sampling adequacy were .76 and .68, respectively. The third group was treated as a unitary scale ($M = 3.7$, $SD = 1.16$) because the items proved to be highly intercorrelated (rs = .39 to .96, $p < .001$) and had little variability (*M*s = 3.16–4.35; *SD*s = 1.31–1.58).

The two factors emerging from the first group of items were (a) Perceived Competence—perceived ability to treat persons with AIDS and persons at risk for HIV infection (eigenvalue = 3.29, accounting for 36.5% of the variance; $M = 3.3$, $SD = 1.45$); and (b) Attitudes about Treating HIV-Infected Persons—willingness to see and treat HIV patients rather than referring them, attitudes toward patients' rights (eigenvalue = 2.23, accounting for 24.7% of the variance; $M = 4.8$, $SD = 0.86$). Representative items for the first factor were *I feel professionally competent to care for persons with AIDS* and *I feel professionally competent to care for persons at high risk for HIV infection*. For the second factor, representative items were *The rights of AIDS patients (e.g., privacy and confidentiality) have been overemphasized* and *If I had a choice, I would not work with AIDS patients*. Cronbach's alpha for the items emerging as the first factor was .92; as the second, .68. Together, these two factors accounted for 61.2% of the variance in this group.

The two factors emerging from the second group of items were (a) Perceived Role of HIV Training—desire for HIV training and the importance of the psychologist's role in the epidemic (eigenvalue = 2.81, accounting for 35.2% of the variance; $M = 4.3$, $SD = 0.93$); and (b) Perceived Comfort With Interventions With HIV Patients—comfort with current knowledge of clinical issues and with issues of death and dying (eigenvalue = 1.65, accounting for 20.6% of the variance; $M = 4.1$, $SD = 0.88$). Representative items for the first factor were *I feel that the current CSPP curriculum would be enhanced by the addition of more semester-long courses on HIV infection* and *I believe the role of the psychologist is important in research, treatment, and*

prevention of HIV infection. For the second factor, representative items were *I am comfortable working with clients who are dying and talking about death* and *I am comfortable with my current knowledge of HIV infection in regard to clinical issues.* Cronbach's alpha for the items emerging as the first factor was .77; as the second, .60. Together, these two factors accounted for 55.8% of the variance in this group.

Items from the unitary scale began with the stem, *I believe that I am professionally competent to treat as a client a(n) ———,* and included choices of male and female for categories of HIV-seropositive patient, IV-drug user, White gay, minority gay, White bisexual, minority bisexual, AIDS-diagnosed, and their sex partners. Cronbach's alpha for this group of items was .96. Correlational analyses were performed (see Table 1) to determine relationships among HIV Education, Multicultural Emphasis, and Perceived Competence. As expected, a modest but significant correlation was found between HIV Education and Perceived Competence. It was surprising that no correlation involving Multicultural Emphasis was significant. Perceived Competence was positively correlated with Perceived Comfort With Interventions With HIV Patients and with Perceived Competence With Multicultural Populations. Despite the dearth of HIV training and scant multicultural emphasis, it is noteworthy that the mean of the Perceived Competence With Multicultural Populations subscale was significantly higher than the mean of the more general Perceived Competence subscale (Ms = 3.7 vs. 3.3; $t = -3.69$, $p < .0001$).

Students' attitudes toward persons at risk for or diagnosed with HIV were positive (M = 4.8, SD = 0.86) and correlated significantly with the Perceived Role of HIV Training and Perceived Comfort With Interventions With HIV Patients factors.

Discussion

This study focuses on a small sample of clinical psychology graduate students who are receiving their professional training in a location where HIV and associated multicultural issues are particularly salient. It was a first step in attempting to identify the existence of a relationship between training and perceived competence in treating special populations. An important finding was the lack of significant correlation between the multicultural emphasis in training received and the perceived feeling of competence in working with multicultural HIV clients. Self-efficacy theory (Bandura, 1989) predicts that the perception of competence will lead to practitioners providing clinical services without adequate regard for proper training. Students' preferences for HIV-related training in short, concentrated training delivery modalities raises the possibility that they believe complex multicultural issues in marginalized populations can be imparted quickly and grasped easily.

A major implication relates to an ethical dilemma regarding the training of psychologists (American Psychological Association [APA], 1987). If psychology students believe they are competent to treat persons with HIV in multicultural populations without specialized training, what is the impact of the guidelines set by APA regarding responsibilities of psychologists? By failing to provide adequate training opportunities, institutions participate in perpetuating a perception of clinical competence without the need for specialized training. Further, the lack of an operational definition of clinical competence in HIV and multicultural populations provides implicit support for the perception of competence without training. This attitude is congruent with this mistaken idea held by many practitioners: "People are people and human experience is common to everyone." It is this belief that minimizes the unique contributions culture and lifestyle make in understanding human behavior.

This study supports the need for developing training guidelines for psychologists who wish to work with persons with HIV and with multicultural populations. Those students must then be provided with adequate training opportunities in their graduate and internship programs. From the recent research in this area, little progress has been made in implementing such training despite the pandemic. Without an operational definition of clinical competence, the discipline of psychology perpetuates the messages to practitioners that they are competent to treat anyone with any problem and that stigmatized minorities are "just folks" who require no special knowledge regarding their care.

Table 1
Intercorrelational Analysis of Training and Factors

Factor	1	2	3	4	5	6	7
1. HIV Education	—	.15	.29*	.19	.06	.24	.16
2. Multicultural Emphasis		—	.11	−.06	.16	.13	.03
3. Perceived Competence			—	.17	.04	.59**	.77**
4. Attitudes About Treating HIV-Infected Persons				—	.55**	.42**	.19
5. Perceived Role of HIV Training					—	.36**	.10
6. Perceived Comfort With Interventions With HIV Patients						—	.58**
7. Perceived Multicultural Population Competence							—

Note. HIV = human immunodeficiency virus.
* $p < .01$. ** $p < .001$.

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Ethical Standards for the Reporting and Publishing of Scientific Information

The following ethical standards are extracted from the "Ethical Principles of Psychologists and Code of Conduct," which appeared in the December 1992 issue of the *American Psychologist* (Vol. 47, No. 12, pp. 1597–1611). Standards 6.21–6.26 deal with the reporting and publishing of scientific information.

6.21 Reporting of Results

(a) Psychologists do not fabricate data or falsify results in their publications.

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

6.22 Plagiarism

Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.

6.23 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as Department Chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as in footnotes or in an introductory statement.

(c) A student is usually listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.

6.24 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

6.25 Sharing Data

After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release.

6.26 Professional Reviewers

Psychologists who review material submitted for publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

APPENDIX D

MULTICULTURAL COMPETENCIES FOR CSPP STUDENTS

Multicultural Competencies for CSPP Students
Approved April 23, 1993

The competency constructs incorporate attitudes, knowledge and skill attainment in relation to clinical practice, research and professional projects and activities. It is understood that the attitudes need to be addressed before acquisition of knowledge can be attained followed by skill attainment. It is expected that throughout the courses taught at the institutions, multicultural issues are properly integrated into the curriculum across all subject matters. In addition to the integration of multicultural issues specific courses and curriculum offerings on multicultural issues should be required to assist in developing the multicultural competencies of psychology students. In this way, CSPP is responsive to the ethical mandates of the American Psychological Association.

In light of this process the following are the constructs and recommended minimum course curriculum requirements for all psychology trained doctoral students:

Year 1 -Targeted at Attitudes about Multicultural Populations

Competencies Attained at Year 1

a) Develop awareness of and sensitivity to one's own cultural heritage and values;

b) Develop awareness of one's own values and biases and how these affect clients of other ethnic populations;

c) Develop increased comfort, empathy, respect, and acceptance of differences that pertain to race and beliefs;

d) Understand ones behavior and personal biases that interfere with communication and understanding of persons of other cultures;

e) Develop awareness of the dynamics of power and oppression as they relate to domination and racism;

f) Develop an awareness of diversity within multicultural populations;

g) Develop an understanding of personal and professional limitations in working with multicultural populations.

Course Curriculum Requirements for Year 1

- Racism awareness experiential workshop of at least 16 hours with a minimum of one credit to be taken in the fall of the first semester. There should be more than one level to accommodate differential developmental training and experience levels of students.

- An Intercultural Lab of at least two credits to be taken in the Spring semester following the racism awareness workshops that is focused on further exploring and processing the issues presented at the racism workshop and other relevant multicultural interactive processes.

Evaluation of Students' Competencies

- Attendance at the Racism Awareness Workshop

- Successful completion of the Intercultural lab course

- Successful completion of the multicultural section of the comprehensive doctoral exams taken at Year 1

Year 2 -Targeted at Knowledge about Multicultural Populations

Competencies Attained at Year 2

a) Knowledge of the history, international sociocultural variables, experiences, cultural values, families, and lifestyle of various racial/ethnic groups;

b) Knowledge of the operation of sociopolitical systems within the United States and their treatment of multicultural populations including the impact of individual, cultural and institutional racism upon the development of personality identity and world views;

c) Knowledge of theories, research and intervention strategies pertaining to the assessment and treatment of multicultural populations;

d) Attainment of competence and recognition of bias in assessment of intellectual and personality functioning and of the limitations of current standardized and projective instruments for multicultural and multilingual populations;

e) Competency in diagnostic intake assessment with at least one or more multicultural populations other than one's own;

f) Ability to establish a therapeutic working relationship with a client of a multicultural population other than one's own;

g) Develop an awareness of and sensitivity to circumstances which would necessitate referral to another therapist who is competent in treating clients of a particular race, ethnicity and set of beliefs;

h) Ability to understand and to evaluate a client's development, behavior, perception, and relationships from the sociocultural context of the client.

Course Curriculum Requirements for Year 2

- A course on sociocultural issues based on African Americans, Latinos, Asian Americans/Pacific Islanders, and/or Native Americans should be required at a minimum of three credits. This course must be completed before the second year and advancement to candidacy.

- Attendance of the colloquia series on multicultural issues presented by the campus emphasis area which is allocated at least one credit.

- Appropriate supervision and training at the practicum training site on multicultural issues in a clinical setting.

Evaluation of Students' Competencies

- Successful completion of the Intercultural lab course
- Attendance and successful completion of the colloquia series
- Successful completion of the practicum training focused on multicultural issues
- Successful completion of the multicultural section of the comprehensive doctoral exams taken at Year 2

Year 3 -Targeted at Skill Attainment, Interventions, Research and Scholarly Critiques

Competencies Attained at Year 3

a) Attain skills and knowledge in institutional interventions which can be used on behalf of multicultural populations, e.g. advocacy, political and economic empowerment, case management, community interventions, interdisciplinary approaches, and grass roots/community based strategies (self-help groups);

b) Develop increased awareness and skills in the impact of cultural diversity on therapeutic processes including:

- Ability to identify the problem of the culturally different client and select appropriate techniques for intervention;
- Ability to determine client expectancies concerning the outcomes of the therapy process;
- Ability to assist the client in transferring insights and behaviors learned in the therapy setting to everyday situations once therapy is terminated;

c) Increased competence and recognition of bias in assessment of intellectual and personality functioning and of the limitations of current standardized and projective instruments for multicultural and multilingual populations;

d) Increased competency in diagnostic intake assessment with at least one or more multicultural populations other than one's own;

e) Ability to critique research and scholarly contributions in the literature in relation to issues related to multicultural populations;

f) Ability to design, critique and propose research and professional projects that

involve multicultural populations and specifically include and address factors affecting multicultural populations.

Course Curriculum Requirements for Year 3

- An advanced multicultural course of at least three credits on specific skill development related to one or more of the following groups: African Americans, Latinos, Asian Americans/Pacific Islanders, and/or Native Americans. This course must be completed before the third year.

- Appropriate supervision and training at the practicum or internship training site on multicultural issues in a clinical setting.

- Outside reviewer critique of the doctoral project and/or dissertation proposal.

Evaluation of Students' Competencies

- Successful completion of the Advanced multicultural course.

- Successful completion of the practicum or internship training focused on multicultural issues

- Positive review by the project reviewer regarding the expressed and explicit integration, consideration and discussion of multicultural issues.

Year 4 and/or 5 -Targeted at Advance Clinical Skills and Professional Project and/or Research Skills related to Multicultural Populations

Competencies Attained at Year 4 and 5

a) To demonstrate in research and professional projects involving multicultural groups and/or issues the ability to integrate knowledge and experience with:
1. multicultural populations, and
2. appropriate research, methodology, theory, and procedures relevant to the population(s) involved

b) Further develop competencies in the treatment of an ethnic/racial group(s) other than one's own and how socio-political systems and power relationships in our global society impact such cases;

c) Attain advanced skills in institutional interventions which can be used on behalf of multicultural populations, e.g. advocacy, case management, community interventions, interdisciplinary approaches, and grass roots/community based strategies(self-help

groups);

d) Further develop the ability to identify the problem of the culturally different client and select appropriate techniques for intervention;

e) Further develop the ability to determine client expectancies concerning the outcomes of the therapy process;

f) Further develop the ability to assist the client in transferring insights and behaviors learned in the therapy setting to everyday situations once therapy is terminated;

g) Further develop the ability to critique research and scholarly contributions in the literature in relation to their consideration of issues related to multicultural populations;

h) Develop the capacity to insure linguistically sensitive clinical services to clients;

i) Knowledge of professional issues relevant to multicultural populations and settings.

Curriculum Requirements for Year 4 and/or 5

- Completion of the Doctoral Project and/or dissertation

- Appropriate supervision and training at the practicum training site on multicultural issues in a clinical setting.

Evaluation of Students' Competencies

- Successful completion of the practicum or internship training focused on multicultural issues

- Positive review by the doctoral dissertation or doctoral project committee regarding the expressed and explicit integration, consideration and discussion of multicultural issues.

APPENDIX E

TREATMENT CONSIDERATIONS WITH CULTURALLY DIVERSE POPULATIONS:

IMMIGRANTS AND REFUGEES

TREATMENT CONSIDERATIONS WITH CULTURALLY DIVERSE POPULATIONS:

Immigrants and Refugees

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Adams, P. L, & Horovitz, J. H. (1980). Psychopathology and fatherlessness in poor boys. Child Psychiatry and Human Development, 10(3), 135-143.

In this study, the sample of 201 US Blacks and Cuban refugees of White derivation was controlled for the family's economic class position, ethnicity, place of residence, and children's age, gender, and ordinal position; Ss were also matched with a control group of "fathered" children. Instruments used were a mini-MMPI (76 items) and the Louisville Aggression Survey Schedule-1. All of the data obtained were supplied by the mothers--about both themselves and their firstborn male child. No positive association between the boys' psychopathology and their fatherlessness was found. Moreover, the data indicate that poverty exerted a leveling influence that overrode the differentiating characteristics of ethnic and age grouping, family structure, father presence or absence, and linguistic and cultural heritages.

Agger, I, & Jensen, S. B. (1989). Couples in exile: Political consciousness as an element in the psychosexual dynamics of a Latin American refugee couple. Sexual and Marital Therapy, 4(1), 101-108.

Estimates show that a large number of Latin American refugees are divorced in exile. Presumably, the family system has difficulty adapting to the sudden change in its ecology. Both the social and personal creative identity are threatened in exile, and therapeutic help must therefore be offered at the individual and social levels. One important tool for the couple's survival is the consciousness of why they are in exile. In this case study of a Latin American couple in their twenties with psychosexual problems, their "private pain" is reframed in a political context. Both the individual, and the joint, collective trauma they have suffered are seen in the context of their individual resources and their resources for interaction with others for a common goal: their collective resources. The wife needs to strengthen her collective resources, which for her means becoming involved in political and social activities of the exile group.

Ahn, T. E. S. (1980). Counseling Asians: Psychotherapy in the context of racism and Asian American history. American Journal of Orthopsychiatry, 50(1), 76-86.

Discusses the historical status of Japanese, Chinese, Korean, and Filipino immigrants in the US and the impact of cultural experiences and differences on psychotherapy for Asian-Americans. The major roles of shame and self-discipline in Asian cultures present difficulties for therapeutic work; personal feelings, failures, and weaknesses are discussed in the family or not at all. Attitudes toward mental illness are also connected with shame, because it is regarded as genetic rather than social in origin. Group discussion of such matters is especially distressing for Asians, and group therapy is counterindicated. The well-developed Asian system of nonverbal cues is

helpful in psychotherapy, although it differs from European systems. The therapist should be familiar with it so that it can be a help rather than a block to communication.

Alley, J. C. (1982). Life threatening indicators among the Indochinese refugees. Suicide and Life Threatening Behavior, 12(1), 46-51.

The turmoil of war, the risking of one's life, and the forced separation of families and relocation into the American culture have drastically changed the lives of the Indochinese. The emotional scars imprinted into the minds of these people do not disappear on arrival into a neutral country. Rather, the psychological problems can show themselves as suicidal preoccupation, or attempts. The present study stresses related variables observed in Indochinese people contemplating suicide. Of 4,192 Ss, 10 17-52 yr old suicidally inclined Ss were identified. Findings reveal that multiple determinants were operating conjointly in creating the high risk of any particular refugee in relation to suicide.

Allodi, F. (1989). The children of victims of political persecution and torture: A psychological study of a Latin American refugee community. 141st Annual Meeting of the American Psychiatric Association (1988, Montreal, Canada). International Journal of Mental Health, 18(2), 3-15.

Studied 202 children of 128 Latin American refugees (LARs) in Toronto (Canada) to determine the effects that their parents' mental health, coping style, or personality traits may have had on the children's emotional status and behavior. Results indicate that the children of persecuted or tortured LARs showed no difference in their emotional health and social behavior as compared with children of nontraumatized LARs. Implications are offered for refugee support, clinical understanding and treatment, and policies that should guide refugee reception and settlement in the host country.

Amaro, H, & Russo, N. F. (1987). Hispanic women and mental health: An overview of contemporary issues in research and practice. Special Issue: Hispanic women and mental health. Psychology of Women Quarterly, 11(4), 393-407.

Discusses the special mental health needs of Hispanic women and the contemporary social, economic, and political forces that affect mental health among women and minorities. Differences among the different cultural groups subsumed under the term "Hispanic" are outlined, and difficulties that researchers may face in collecting information about non-English-speaking women in different regions are discussed. The

effects of family size on mental health status are also considered. In general, Hispanic women are overrepresented among the lower socioeconomic status (SES) classes and younger ages. Issues related to service delivery (access, cultural sensitivity, gender roles and depression, acculturation and migration/immigration, and employment) are examined.

Arredondo, P, Orjuela, E, & Moore, L. (1989). Family therapy with Central American war refugee families. Special Issue: Family therapy with immigrant families: Constructing a bridge between different world views. Journal of Strategic and Systemic Therapies, 8, 28-35.

Presents the case of a family from El Salvador comprising a 37-yr-old separated mother of 5 children: 3 sons (aged 20, 16, and 13 yrs) and 2 daughters (aged 18 and 15 yrs). Family therapy is effective with Central American war refugees because although a single member is viewed as the patient, the whole family is affected. Grieving and posttraumatic stress disorder (PTSD) are common experiences in refugee families. Therapists who work with Central American refugees should provide warm and personal relationships for the family, to conduct therapy in Spanish, to be aware of family roles and loyalties, to acknowledge family differences, and to initially provide a brief goal-oriented treatment.

Aylesworth, L. S, & Ossorio, P. G. (1983). Refugees: Cultural displacement and its effects. Advances in Descriptive Psychology, 3, 45-93.

Issues in the provision of mental health and other social adjustment services to Indochinese refugees in Colorado have raised issues regarding the understanding of cultural displacement phenomena and the ability of service providers systematically to provide effective, culturally appropriate services to culturally displaced client populations. The present authors present a conceptual formulation in connection with an outline for a comprehensive research program. A conceptually derived 202-item nontraditional needs assessment is presented that addresses basic human need (BHN) frustration, negative psychological effects, and psychophysiological effects. This assessment was applied to 119 Vietnamese, 59 Laotian-H'Mong, and 39 Cambodian refugees in the Denver-Boulder area. Ss were primarily aged 18-59 yrs. Results reveal significant differences among the 3 groups in their histories, cultures, transitional experiences, BHN frustration levels, and negative psychological effects. Findings are integrated with knowledge gained from a nontraditional mental health services program designed on the conceptually derived social participation model.

Baezconde, G. L, & Salgado, D. S, V. Nelly. (1987). Mexican immigrant women: A selected bibliography. Special Issue: Mexican immigrant women. Hispanic Journal of Behavioral Sciences, 9(3), 331-358.

Presents an annotated list of 36 documents concerning Mexican immigrant women and health and analyzes trends in research literature on the mental health of these women. (Spanish abstract)

Baptiste, D. A. (1987). Family therapy with Spanish heritage immigrant families in cultural transition. Contemporary Family Therapy An International Journal, 9(4), 229-251.

Contends that increasing numbers of Spanish-heritage immigrant families in the US are beginning to seek therapy for family conflicts related to their adaptation to the new country/culture. The difficulties experienced by these families are described, and issues specific to therapy with them are presented. The most common issues that can be expected in therapy include failure to mourn the loss of country of nativity, fear of losing children to the new culture, loss of extended family support networks, discrepancy between preimmigration expectation and the reality of the new culture, development of new family rules, and isolation of adult family members. It is suggested that effective therapy with these families requires that therapists focus on clarification of the differential adaptation rates of family members and facilitate a resolution of the family's transitional conflicts. Six cases involving such families are presented.

Barudy, J. (1989). A programme of mental health for political refugees: Dealing with the invisible pain of political exile. Special Issue: Political violence and health in the Third World. Social Science and Medicine, 28(7), 715-727.

Describes clinical material collected for 10 yrs by the Latin American Collective of Psychosocial Work, a medical-psychosocial assistance program for political refugees. The program was under the academic supervision of the Catholic Universities of Leuven, Belgium. The concept of identity is the central theme of a model that tries to explain the suffering of exiles. The program's goal is to identify and expose the mechanisms of political violence that have traumatized an individual's self-esteem and disordered his/her familial and social bonds. In the 2nd part of the article, the central ideas that support the medical-psychosocial practice of the program are presented. It is asserted that only in a context of communal action is it possible to develop a therapy to promote an individual recovery.

Beiser, M. (1988). Influences of time, ethnicity, and attachment on depression in Southeast Asian refugees. American Journal of Psychiatry, 145(1), 46-51.

Investigated whether certain phases of resettlement are accompanied by an elevated risk for depression in Southeast Asian refugees in Canada, through a survey of 1,698 adult refugees with follow-up interviews of 87% of the sample 24 mo later. In general, the longer the Ss remained in Canada, the better their mental health. However, unmarried or otherwise unattached Laotians and Vietnamese refugees experienced high levels of depression 10-12 mo after arrival. Two years after the initial investigation, this group, disadvantaged by a lack of social resources, continued to be more depressed than other refugees.

Beiser, M, & Fleming, J. A. (1986). Measuring psychiatric disorder among Southeast Asian refugees. Psychological Medicine, 16(3), 627-639.

Describes the development of 4 measures of mental health--Panic, Depression, Somatization, and Well-Being--for use with 1,348 Southeast Asian refugees. The scales demonstrated conceptual significance, good reliability, concurrent validity, and stability of structure across samples. They are culturally sensitive, enabling intracultural study as well as screening for clinical purposes, and also permit comparisons for research purposes with non-Asians.

Beiser, M, Turner, R. J, & Ganesan, S. (1989). Catastrophic stress and factors affecting its consequences among Southeast Asian refugees. Social Science and Medicine, 28(3), 183-195.

Assessed effects on mental health of the stress of being interned in a refugee camp in a community survey of 1,169 adult Southeast Asians (aged 18+ yrs) who fled from Vietnam and Laos. The impact on depressive mood proved significant but short-lived. Social support from the ethnic community and an intact marriage moderated the risk of developing depressive symptoms. A psychological coping mechanism, avoidance of the past, buffered the impact of camp stress on depressive symptoms. Private sponsorship, carried out by individuals or groups whose religion differed from the refugees they were supporting, acted as a source of stress.

Bemak, F. (1989). Cross cultural family therapy with Southeast Asian refugees. Special Issue: Family therapy with immigrant families: Constructing a bridge between different world views. Journal of Strategic and Systemic Therapies, 8, 22-27.

Explores the family constellation for Southeast Asian (SEA) refugees and outlines a 3-phase developmental family acculturation model consisting of (1) security and safety, (2) integration of self and family, and (3) future identity. Treatment issues and the Western therapist's role in providing therapy for the SEA refugee family are discussed. The examination of Western family therapy within the context of culturally sensitive Eastern healing practices is explored and illustrated with a case example of a 16-yr-old Cambodian adolescent who received parallel treatments from both a monk at a Cambodian temple and a Western therapist.

Bernal, G, Flores, O. Y, & Rodriguez, D. C. (1986). Terapia familiar intergeneracional con Chicanos y familias Mejicanas inmigrantes a los Estados Unidos. (Intergenerational family therapy with Chicano and Mexican immigrant families in the US.). Cuadernos de Psicologia, 8(1), 81-99.

Discusses a program of intergenerational family therapy for use with Chicano and Mexican-American immigrant families in the US. Case materials are used to illustrate family dynamics during the stresses of immigration.

Boehnlein, J. K. (1987). Culture and society in posttraumatic stress disorder: Implications for psychotherapy. American Journal of Psychotherapy, 41(4), 519-530.

Suggests that in the cross-cultural psychotherapy of posttraumatic stress disorder, anthropological and sociological perspectives can contribute to a more comprehensive diagnostic formulation. Approaches to treatment and implications for cross-cultural psychotherapy are described. Case studies of Cambodian females aged 24 and 47 yrs and therapeutic approaches to each are presented. Ss had survived internment in concentration camps in Cambodia, and their posttraumatic symptoms were exacerbated by factors such as immigration, separation from past traditions, and change in social status.

Boehnlein, J. K. (1990). The integration of scientific medicine into diverse cultural practices. Special Issue: Unvalidated, fringe, and fraudulent treatment of mental disorders. International Journal of Mental Health, 19(3), 37-39.

Describes a biopsychosocial perspective used to treat Indochinese refugees in a university mental health program in the US. The program integrates scientific forms of treatment with social interventions consistent with Asian expectations. Treatment includes group therapy and incorporates the recognition that the Indochinese often use folk healing to eradicate disease.

Brainard, J, & Zaharlick, A. (1989). Changing health beliefs and behaviors of resettled Laotian refugees: Ethnic variation in adaptation. Social Science and Medicine, 29(7), 845-852.

Describes traditional and changing health-related beliefs and behaviors of 130 ethnic Lao refugees resettled in the US and how these beliefs compare with those of 534 Cambodian and Vietnamese resettled refugees. Laotians had the most persistent use of resettlement agencies and relied on the Western biomedical system more than the other refugees. The nature of Lao refugee adaptation may be due to the continuation of traditional patron-client relationships in the US, with Laotians referring their refugee clients to the services of agencies and the biomedical establishment.

Bromley, M. A. (1987). New beginnings for Cambodian refugees: or Further disruptions? Social Work, 32(3), 236-239.

Describes a crisis-intervention approach for dealing with Cambodian refugees that considers their unique cultural characteristics. It is maintained that the theoretical base appears to be a sound one from which to build treatment strategies. Six suggestions are given (e.g. have enough information about the culture to permit interaction that is respectful of the client's sense of propriety in interpersonal relationships; carefully describe your treatment approach and its rationale to the client).

Brown, F. (1987). Counseling Vietnamese refugees: The new challenge. International Round Table for the Advancement of Counselling (1985, Utrecht, Netherlands). International Journal for the Advancement of Counselling, 10(4), 259-268.

Argues that in working with Vietnamese American refugees the mental health worker needs to be knowledgeable of (1) the cultural history and history of the migration experience of the group, (2) the group's mental health dispositions, (3) cultural and systemic biases affecting counseling, and (4) the role of paraprofessionals. Cultural factors affecting the utilization of mental health services include "saving face," stoicism, respect for authority, and discrimination. Mental health counseling in the US has been mainly a White middle class profession. Recommendations for addressing problems include (1) the development of a community education and prevention program by actively involving ethnic community leaders in the planning process, (2) supporting ethnic community leaders, and (3) training indigenous paraprofessionals about the mental health care system.

Burnam, M. A, Hough, R. L, Karno, M, Escobar, J. I, & Et, A. (1987). Acculturation and lifetime prevalence of psychiatric disorders among Mexican Americans in Los Angeles. Journal of Health and Social Behavior, 28(1), 89-102.

Lifetime prevalence of 8 major Diagnostic and Statistical Manual of Mental Disorders (DSM-III) psychiatric disorders was examined as a function of acculturation level and country of birth (Mexico or the US) in a large household sample of 1,244 Los Angeles adults of Mexican ethnicity. Higher acculturation was associated with higher lifetime rates of phobia, alcohol abuse or dependence, and drug abuse or dependence. Consistent with the acculturation findings, native-born Mexican-Americans, who tended to have high levels of acculturation, had higher lifetime prevalence of disorders (phobia, alcohol abuse or dependence, drug abuse or dependence, as well as major depression and dysthymia) than immigrant Mexican-Americans. After controlling for country of birth, only drug abuse or dependence among immigrants was affected by acculturation.

Canda, E. R. (1989). Therapeutic use of writing and other media with Southeast Asian refugees. Journal of Independent Social Work, 4(2), 47-60.

Describes the culturally sensitive therapeutic use of writing, artistic design, and other communication media in independent social work with Southeast Asian refugees. Therapeutic activities include (1) writing and design in psychotherapeutic assessment and treatment, (2) traditional culture-specific media such as needlework and religious designs, and (3) teaching English as a second language to enhance bicultural functioning and provide psychosocial support. Also described are cultural preservation, cultural mediation, and therapeutic viewing of multimedia expressive forms (e.g. films). The importance of linking independent social work with refugees to agency and ethnic community based services is emphasized.

Canda, E. R, & Phaobtong, T. (1992). Buddhism as a support system for Southeast Asian refugees. Social Work, 37(1), 61-67.

Conducted an ethnographic study of human services offered to Southeast Asian refugees by 3 Buddhist mutual assistance associations in the midwestern US. The associations offered a wide variety of material, psychological, social, and spiritual support services. Monks performed services that would be categorized in Western terms as counseling. Buddhist healing techniques, in addition to conventional treatment, were sometimes applied for people with serious psychiatric disorders. Meditation and bereavement rituals were sometimes conducted to assist people suffering from posttraumatic stress.

Cervantes, R. C, Padilla, A. M, & Salgado, D. S, Nelly. (1991). The Hispanic Stress Inventory: A culturally relevant approach to psychosocial assessment. Psychological Assessment, 3(3), 438-447.

A 4-phase project was conducted to develop a culturally appropriate measure of psychosocial stress, the Hispanic Stress Inventory (HSI). Phase 1 involved the collection of open-ended interview data (N = 105) to generate a set of meaningful psychosocial stress items. Phase 2 examined the construct validity of the HSI items by means of consensus ratings of expert judges along 6 conceptual categories. Phase 3 (N = 493) involved the use of factor analytic procedures to determine the underlying scale structure of the HSI, both for a Latin American immigrant and a US-born (Mexican American) sample. This procedure resulted in an Immigrant Version of the HSI comprised of 73 items and 5 distinct subscales, as well as a US-born version of the HSI comprised of 59 items and 4 distinct subscales. In Phase 4, reliability estimates for the HSI were conducted by means of both internal consistency and a small test-retest study (N = 35). Both procedures yielded high reliability coefficients.

Cervantes, R. C, Padilla, A. M, & Salgado, D. S, Nelly. (1990). Reliability and validity of the Hispanic Stress Inventory. Hispanic Journal of Behavioral Sciences, 12(1), 76-82.

Examined the reliability and validity of an instrument developed to assess psychosocial stress among Hispanic adults, the Hispanic Stress Inventory (HSI (R. C. Cervantes et al, unpublished manuscript)). A community pilot sample of 493 Ss was obtained using the HSI along with a variety of criterion measures. Other measures included the SCL-90--Revised and the Rosenberg Self-Esteem Inventory. Factor analytic procedures resulted in 2 versions of the HSI, one for Hispanic immigrants and a second for US-born Hispanics. Subscale scores and total HSI scores for both versions correlated strongly with criterion measures of psychological distress. Subscales and HSI total scores had high levels of internal consistency. A small sample test-retest provided additional support for the reliability of the HSI.

Cervantes, R. C, Salgado, D. S, V. Nelly, & Padilla, A. M. (1989). Posttraumatic stress in immigrants from Central America and Mexico. Hospital and Community Psychiatry, 40(6), 615-619.

Investigated self-reported symptoms of depression, anxiety, somatization, generalized distress, and posttraumatic stress disorder (PTSD) in a community sample of 258 immigrants from Central America and Mexico and 329 native-born Mexican-Americans and Anglo-Americans. Research instruments included the SCL-90 (Revised) and the Center for Epidemiologic Studies Depression Scale. Findings show

that immigrants had higher levels of generalized distress than native-born Americans. 52% of Central American immigrants who migrated as a result of war or political unrest reported symptoms consistent with a diagnosis of PTSD, compared with 49% of Central Americans who migrated for other reasons and 25% of Mexican immigrants. Individuals meeting the criteria for PTSD had levels of other symptoms (e.g. anxiety, depression, somatization, generalized distress) that strongly correlated with PTSD scores.

Chavez, L. R, Cornelius, W. A, & Jones, O. W. (1986). Utilization of health services by Mexican immigrant women in San Diego. Women and Health, 11(2), 3-20.

Examined medical care experiences among 537 legal (mean age 38.6 yrs) and 491 undocumented (mean age 27.3 yrs) women in the Mexican immigrant population in San Diego, California. Data indicate that Ss underutilized health services, especially general preventive care. Undocumented Ss were much less likely than their legal counterparts to return for postpartum examinations, to seek neonatal care for their infants, and to have had Pap examinations or conduct breast self-examinations.

Cheng, L. R. L. (1989). Service delivery to Asian/Pacific LEP children: A cross cultural framework. Topics in Language Disorders, 9(3), 1-14.

Information is presented on the history, cultures, religions, and languages of the major Asian/Pacific immigrant (e.g. Filipino) and refugee (e.g. Vietnamese) groups to promote the types of knowledge required by professionals to provide adequate services for limited-English-proficient (LEP) children from these diverse populations. Guidelines for cross-cultural communication are provided.

Cheung, F. K. (1979). Mental health problems and services for Asian immigrants in the United States. Acta Psychologica Taiwanica, 21(2), 105-116.

Presents an overview of mental health in the US, and discusses the types of mental health problems that confront the Asian (Chinese) immigrants and the services that have been provided them. The importance of interaction between ethnic culture and mainstream American values is emphasized. It is concluded that greater efforts are being made toward community education, through the mass media in native languages, to help the total community become aware of and make use of available mental health services.

Chiu, L. P, & Rimon, R. (1987). Relationship of migration to paranoid and somatoform symptoms in Chinese patients. Psychopathology, 20(3-4), 203-212.

Investigated the occurrence of paranoid or somatoform disorders in 62 adult Chinese psychiatric patients who were immigrants to Hong Kong and 100 nonimmigrant patients. The proportion of immigrants with somatoform symptoms and with paranoid symptoms was higher than the corresponding proportions of immigrants without these symptoms. Evidence suggests that the increase in paranoid symptoms in immigrants was due to social selection, as half the paranoid Ss had received psychiatric treatment in China and had a significantly shorter duration of staying in Hong Kong before treatment. It is suggested that the increased proportion of somatoform immigrants may be explained by the social causation theory, since 90% of these Ss had not required treatment prior to immigration, had emigrated illegally, and belonged to lower social classes.

Dana, R. H, & Matheson, L. (1992). An application of the Agency Cultural Competence Checklist to a program serving small and diverse ethnic communities. Psychosocial Rehabilitation Journal, 15(4), 101-105.

Describes an ethnic minority/refugee mental health program in a community mental health center that serves a small multicultural population. Examples illustrate how staff members encourage African American, Native American, Southeast Asian, and Hispanic American groups to meet their needs in ways that respect their cultural difference. To assess agency cultural competence, a checklist was developed and completed by an outside observer during a 4-hr visit. There was almost complete agreement between the checklist components and a more detailed independent description of program practice.

Davidson, L. (1982). Foreign medical graduates: Transcultural psychoanalytic perspectives. Journal of the American Academy of Psychoanalysis, 10(2), 211-224.

Compares the cultural cognitive styles of various foreign medical graduates (e.g. Europeans, Latin Americans, Asians). The following topics are discussed: immigration and the medical work contract, American values and the work contract, the East-West cognitive encounter, the psychological task of cross-cultural transition, and transcultural gains.

Delgado, M. (1977). Puerto Rican spiritualism and the social work profession. Social Casework, 58(8), 451-458.

Describes psychotherapeutic merits of spiritualism in Puerto Rican immigrant communities. The approach of the medium is contrasted to that of the conventional psychotherapist. Mediums tend to take an omnipotent authoritarian attitude, use herbal medicines, focus on treating the whole person (rather than distinguishing between physical and mental illness), and attribute causation to spirits. Projection and dependency, rather than verbal insight, are fostered. Psychotherapists working with this group are advised to learn cultural beliefs and to ask the client about his or her belief in spirits and expectations for therapy. Action-oriented treatment aimed at behavior change and consultation with mediums where indicated are suggested.

Die, A. H, & Seelbach, W. C. (1988). Problems, sources of assistance, and knowledge of services among elderly Vietnamese immigrants. Gerontologist, 28(4), 448-452.

Presents data on 60 elderly Vietnamese immigrants (aged 57-85 yrs) regarding the frequency of problems, importance of key groups and organizations, initial sources of assistance with problems, and knowledge and utilization of major service agencies. Ss indicated problems with money, medical care, sadness, worry, and discouragement. The most important assistance came from church or temple. Over 90% knew of, or utilized, service organizations; but only 3% knew about the Area Agency on Aging.

Dyck, I. (1992). Managing chronic illness: An immigrant woman's acquisition and use of health care knowledge. Special Issue: Cross cultural perspectives in occupational therapy. American Journal of Occupational Therapy, 46(8), 696-705.

Presents the case of a 61-yr-old Chinese-Canadian immigrant woman with rheumatoid arthritis to illustrate how the S's family, community networks, and workplace, coupled with the occupational therapy clinical setting, intermingled to shape the daily management of her illness. S's acquisition and use of different types of health care knowledge as she responds to her illness are discussed, and it is shown that S's experiences and management decisions about her health were closely linked to the material and social conditions of her life as a working-class immigrant woman. Attention should be paid to the broader systems of the environment in understanding the responses of immigrant women to occupational therapy, rather than focusing on the cultural distinctiveness of the clients.

Eisenbruch, M. (1991). From post traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees. Social Science and Medicine, 33(6), 673-680.

Argues, based on research with 47 Cambodian adolescent refugees fostered in group care in Australia and 32 placed in foster families in the US, that cultural bereavement (CB), by mapping the subjective experience of refugees, gives meaning to the refugee's distress; clarifies the structure of the person's reactions to loss; frames psychiatric disorder in some refugees; and complements psychiatric diagnostic categories. CB includes the cultural interpretation of symptoms commonly found among refugees that resembles posttraumatic stress disorder (PTSD). CB may identify those people who have PTSD on Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria but whose condition is a sign of normal, even constructive, rehabilitation from devastatingly traumatic experiences. CB should be given appropriate status in the nosology.

Eisenbruch, M. (1992). Toward a culturally sensitive DSM: Cultural bereavement in Cambodian refugees and the traditional healer as taxonomist. Journal of Nervous and Mental Disease, 180(1), 8-10.

The multidisciplinary mental health worker of Cambodia is the traditional healer who classifies a term that encompasses mental illness, behavioral difficulties, and social and community disorders. Many Cambodian refugees describe themselves as having Cambodian sickness, a constellation of chronic symptoms including lethargy, headaches, and worry about family members left behind in Cambodia. Headache may be a signal for the whole complex of cultural bereavement, and Western medical intervention may only compound the refugees' distress and inhibit the healthy aspects of cultural bereavement. The concern of the committee on Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) is to incorporate peoples' construction of psychiatric illness and reactions to stress into the taxonomy without having to make a new DSM for each cultural group.

Espin, O. M. (1987). Psychological impact of migration on Latinas: Implications for psychotherapeutic practice. Special Issue: Hispanic women and mental health. Psychology of Women Quarterly, 11(4), 489-503.

Examines the psychological implications of the migratory process on Latin American women in the US by addressing issues that are frequently presented by immigrant Latinas in psychotherapy (e.g. gender roles, acculturation, language, loss, grief). These issues are seen as reflective of the stresses created by the migratory process rather than as issues of individual psychopathology. Ways to respond to them through psychotherapy are suggested.

Falk, D. R, & Carlson, H. L. (1990). Interactive technology impacts on increasing cultural awareness in education for the human services. Computers in Human Services, 7(3-4), 265-276.

Discusses 2 videodiscs designed to increase human services students' exposure to Southeast Asian refugees and American Indians. Processes used or simulated include interacting cooperatively with members of other cultures, engaging in problem-solving activities, and gaining background knowledge on other cultures. The instructional elements rated most effective by students were the use of real life situations, the ability to control the pace of learning, and the active nature of the learning.

Farias, P. J. (1991). Emotional distress and its socio political correlates in Salvadoran refugees: Analysis of a clinical sample. Culture, Medicine and Psychiatry, 15(2), 167-192.

Analyzes the patterns of emotional distress in 71 Salvadoran refugees referred to a mental health clinic in the US. Case histories are presented and patterns of trauma, distress, and associated life problems analyzed. It is argued that distress patterns reflect the particular sociopolitical conditions of women and men and represent the embodiment of the conflicts that refugees face. Women emphasized the loss of control over their family lives, and social experiences such as an inability to support the family economically and loss of community relations. Men experienced symptoms of weakness, dissociative anxiety with fear of losing control over violent impulses, and alcohol abuse. For men, some important issues were loss of functional capacity and separation from family. The concept of illness is used to link distress patterns and sociopolitical context and to avoid the reductionism of psychiatric categories.

Felice, M. E. (1986). Reflections on caring for Indochinese children and youths. Journal of Developmental and Behavioral Pediatrics, 7(2), 124-128.

Discusses the historical perspective, medical and mental health issues, and provisions-of-health-care issues in serving Indo-Chinese children and youth who fled to the US. Cultural differences between Vietnamese, Cambodian, and Laotian refugees and between the refugees' cultures and the US culture are discussed. The issues are illustrated through a discussion of the present author's experiences in working with the refugees. It is suggested that follow-up screening, continuity of care, patient education programs, and multicenter studies are needed to improve service to this population.

Felsman, J. K, Leong, F. T, Johnson, M. C, & Felsman, I. C. (1990). Estimates of psychological distress among Vietnamese refugees: Adolescents, unaccompanied minors and young adults. Social Science and Medicine, 31(11), 1251-1256.

Assessed psychological distress among 565 Vietnamese refugee youth (aged 13-20 yrs) from 3 subgroups: adolescents, unaccompanied minors, and young adults. Results indicate relatively high levels of depression and anxiety for the young adults, although anxiety was high in all 3 groups. Ss also scored poorly on self-reports of general health; young adults and unaccompanied minors were especially overrepresented in the clinical range. There were significant method problems regarding construct validity in the assessment of depression. Instructional set differences may account for the relatively low intercorrelations between seemingly similar measures. Two case examples are included.

Flaskerud, J. H. (1988). Is the Likert scale format culturally biased? Nursing Research, 37(3), 185-186.

Describes difficulties with Likert scale formats in assessing health-care-seeking behaviors in 62 Central American refugees and in assessing depression in 350 Vietnamese refugees. It is suggested that while the difficulties may have been due to such factors as education or faulty translation, it is also possible that the degree of variation that Likert scales attempt to measure is meaningless to some cultural groups.

Flaskerud, J. H, & Anh, N. T. (1988). Mental health needs of Vietnamese refugees. Hospital and Community Psychiatry, 39(4), 435-437.

Compared the mental health problems and needs of 81 Vietnamese refugees seen at 2 mental health centers (based on data from their clinical records) with other psychiatric patients. Among the Vietnamese, 25 somatic complaints (e.g. sleep problems, anorexia, headaches, suicidal thoughts) and 23 psychological problems (e.g. violence, hallucinations, withdrawal, depression) were identified. Refugee and war experiences and separation from family members created trauma and stresses. It is suggested that location of such refugees within an ethnic community would enhance the development of a social support network.

Flaskerud, J. H, & Soldevilla, E. Q. (1986). Pilipino and Vietnamese clients: Utilizing an Asian mental health center. Journal of Psychosocial Nursing and Mental Health Services, 24(8), 32-36.

Reviews research on Philippinos and Vietnamese in the US, noting that in order to provide psychiatric nursing care for these Ss, mental health nurses must understand their history, special problems, and ideas of health and illness. These Asian Americans are at high risk for mental disorder due to the stresses of immigration, relocation, separation from family, and loss of status and self-esteem due to discrimination in the US; and trauma associated with forced evacuation, refugee camps, and war. Studies on causes for admission to mental health clinics, sociodemographic characteristics, somatization, and use and components of services are discussed. Staff were most successful when using a culture-compatible approach addressing accessibility and availability; and involving shared language and culture of therapists and clients, appropriate treatment modalities, use of adjunctive services and caregivers, and community outreach.

Fox, R. (1984). The Indochinese: Strategies for health survival. International Journal of Social Psychiatry, 30(4), 285-291.

Describes a service program designed to facilitate the adjustment of Southeast Asian refugees in the US that was based on the use of bilingual, bicultural staff; natural support networks; and education and outreach to increase accessibility of services. A survey of 47 clients (aged 5-64 yrs) served by this program showed that 79% of the Ss were severely depressed and showed psychosomatic complaints, feelings of hopelessness, or suicidal thoughts. For the most part, these problems were understandable reactions to the stress and deprivation associated with evacuation and resettlement. The most effective intervention was short-term, active-supportive counseling involving highly supportive relationships. Efforts to integrate this program with other social services were mostly unsuccessful.

Frances, A, & Kroll, J. (1989). Ongoing treatment of a Hmong widow who suffers from pain and depression. Hospital and Community Psychiatry, 40(7), 691-693.

Discusses the case of a 57-yr-old Hmong widow with complaints of inability to sleep or eat, bad dreams, pains in muscles and joints, thoughts of suicide, and worries about her 17-yr-old daughter. The case demonstrates the multiplicity of issues involved in working with Southeast Asian refugees and the complexity of the cultural shaping of presumably depressive symptomatology. The S's treatment was based on a team approach, using individual, family, and group counseling through supervised indigenous workers, and a pharmacological approach that required education and repeated attempts to reach adequate blood levels.

Franks, F, & Faux, S. A. (1990). Depression, stress, mastery, and social resources in four ethnocultural women's groups. Research in Nursing and Health, 13(5), 282-292.

Examined the interrelationships of depression, stress, mastery, and social resources in 4 ethnocultural women's groups: 60 Chinese, 46 Vietnamese, 56 Portuguese, and 50 Latin American immigrant women (aged 18+ yrs). Measures included the Center for Epidemiologic Studies Depression Scale and a modified version of the Social Readjustment Rating Scale. High depressive symptoms were reported by all groups. Major correlates and predictors of depression were perceived stress and mastery. Group-specific analyses revealed different models for predicting depression in each ethnic group. Findings underscore the need for (1) observation of the indicators of depression in immigrant women, regardless of their phase of resettlement, and (2) a flexible, individualized approach to ethnic women's psychological health care.

Fraser, M. W, & Pecora, P. J. (1986). Psychological adaptation among Indochinese refugees. Journal of Applied Social Sciences, 10(1), 20-39.

Examined common mental health needs among Indo-Chinese refugees and assessed the effectiveness of programs and services in promoting self-sufficiency. Four theoretical perspectives on the etiology of social and psychological dysfunction among refugees are reviewed: culture shock, rapid adaptation, status disjuncture, and social isolation. Based on a survey of 68 refugee caseworkers and 51 refugee sponsors, 2 major patterns of psychological maladaptation emerged: posttraumatic stress syndrome and social problems (e.g. stress, depression, isolation, family conflict). Clinical strategies are suggested in light of resettlement policies and refugees' views toward mental health services.

Freimer, N, Lu, F, & Chen, J. (1989). Posttraumatic stress and conversion disorders in a Laotian refugee veteran: Use of amobarbital interviews. Journal of Nervous and Mental Disease, 177(7), 432-433.

Reports the use of amobarbital interviews with a 23-yr-old male Laotian refugee veteran whose symptoms and clinical course fit criteria for combat disorder and posttraumatic stress disorder (PTSD) in the Diagnostic and Statistical Manual of Mental Disorders-III--Revised (DSM-III--R). The S was responsive in 3 amobarbital interviews to provide diagnostic information and to be helped through suggestion and abreaction.

Fry, P. S. (1985). Stress ideations of Vietnamese youth in North America. Journal of Social Psychology, 125(1), 35-43.

Investigated the stress ideations of 150 25-35 yr old Vietnamese refugees living in Canada and the US. The study was predicated on the assumption that most Vietnamese

refugees were under acute stress prior to leaving their home country and are experiencing greater stress arising from their search for identity and consolidation in a new country. Factorial analysis of the contents of interviews with the Ss revealed 4 major factors contributing potentially to stress: a sense of hopelessness, low self-esteem, social isolation, and general anxiety. These perceptual data are interpreted in terms of their relevance to the Vietnamese involvement in mainstream vocational and occupational agencies.

Frye, B. (1990). The process of health care decision making among Cambodian immigrant women. International Quarterly of Community Health Education, 10(2), 113-124.

Examined the congruence between health beliefs and behavior as reported by 30 Cambodian (Khmer) refugee women in California. Data were gathered on 226 illness episodes occurring among 157 family members tracked over an 8-mo span. Informants reported a strong maternal role in health-care decision making with all ages of children. Causes of illness were attributed primarily to humoral imbalances, and illness avoidance behavior reflected these beliefs. Treatment was a blend of scientific and traditional medicine. Health care was accessed in settings of linguistic and cultural comfort regardless of distance. Disease prevention was linked to adequate food quantity. Chronic degenerative disease, stress, and reproductive complications were reported frequently. Adolescents and women appeared to be at high risk for cultural stress.

Ganesan, S, Fine, S, & Lin, T. Y. (1989). Psychiatric symptoms in refugee families from South East Asia: Therapeutic challenges. American Journal of Psychotherapy, 43(2), 218-228.

Predisposing factors in the development of psychiatric symptoms in Southeast Asian refugee families are reviewed and their attitudes toward mental illness and reluctance in obtaining and accepting treatment are discussed. Two cases are presented. The 1st case illustrates the stresses on a peasant family isolated in a rural area and the ineffectiveness of the helping agencies. The 2nd case involves the reenactment of previous family schisms in the host country. Management of these cases involved taking a careful history of previous lifestyles and determining the circumstances of their leaving their country of origin, and arriving in the host country. A support system that includes people from the refugees' ethnic group should be arranged in the host country.

(1986). Gold award: Mental health treatment that transcends cultural barriers:

Indochinese Psychiatric Clinic, Oregon Health Sciences University, Portland. Hospital and Community Psychiatry, 37(11), 1144-1147.

Describes a mental health clinic in Oregon designed to help Indochinese refugees to cope with the consequences of severe emotional and physical trauma and to adjust to a foreign culture. The clinic's psychiatrists take a more active and direct role in relieving symptoms than the typical Western psychiatrist. The medical model of psychiatry practiced at the clinic emphasizes reducing symptoms, alleviating pain, and curing illness. Psychological interpretations are kept to a minimum.

Golding, J. M, & Aneshensel, C. S. (1989). Factor structure of the Center for Epidemiologic Studies Depression Scale among Mexican Americans and non Hispanic Whites. Psychological Assessment, 1(3), 163-168.

Confirmatory factor analysis was used to assess whether Center for Epidemiologic Studies Depression Scale (CES-D) scores represent the same underlying construct in randomly selected non-Hispanic White (n = 1,149), U.S.-born Mexican-American (n = 538), and Mexico-born Mexican-American (n = 706) community residents. The factor structure identified in previous studies (e.g. V. A. Clark et al, 1981) fit the data well. Although the factor structure was not statistically identical across ethnic and immigration groups, factor loadings were substantively similar in the 3 groups. The exception was sleep disturbance, which loaded primarily on a Somatic factor for U.S.-born Mexican Americans, primarily on a Negative Affect factor for the Mexico-born, and about equally on these factors for non-Hispanic Whites. The results indicate high (but imperfect) conceptual equivalence of the CES-D in these cultural groups.

Golding, J. M, Aneshensel, C. S, & Hough, R. L. (1991). Responses to depression scale items among Mexican Americans and non Hispanic Whites. Journal of Clinical Psychology, 47(1), 61-75.

Examined the relationship between ethnic/immigration status and responses to a depression scale in 1,063 non-Hispanic US-born Whites (aged 20-74 yrs), 2,418 US-born Mexican-Americans, and 1,804 Mexican-born Mexican-Americans. The most common symptoms reflected lack of positive affect; the least common symptoms were crying, feeling like a failure, and feeling disliked. Mexican-Americans were more likely than non-Hispanic Whites to report symptoms that reflect lack of positive affect, which suggests possible limitations on this dimension's cross-cultural validity. US-born Mexican-Americans reported more somatic and negative affect symptoms than did Mexican-born Mexican-Americans, which suggests an overall immigration difference in depressed mood.

Golding, J. M, & Burnam, M. A. (1990). Immigration, stress, and depressive symptoms in a Mexican American community. Journal of Nervous and Mental Disease, 178(3), 161-171.

A community survey offered in both English and Spanish revealed that 538 Mexican-Americans (MAs) born in the US reported more depressive symptomatology than 706 MAs born in Mexico. Immigration status differences (ISDs) in socioeconomic status (SES), stress, and social resources did not account for ISDs in depression. Low educational attainment and low acculturation were associated with depression for US-born Ss but not for Mexico-born Ss. Possible explanations for ISDs in depression include selective migration and relative deprivation.

Golding, J. M, Potts, M. K, & Aneshensel, C. S. (1991). Stress exposure among Mexican Americans and non Hispanic Whites. Journal of Community Psychology, 19(1), 37-59.

Examined differences between Mexican Americans (MAs) and Whites and between US- and Mexico-born MAs in exposure to 2 sources of stress: life events and ongoing strains. Data were obtained from a survey of 1,244 MA and 1,149 White adult community residents. There were few ethnic differences in life events, although Whites were more likely to report desirable or ambiguous events. MA immigrants were less likely than their US-born counterparts to report most events. In contrast, MAs, especially immigrants, reported greater ongoing (i.e, economic, household) strain than did Whites. Different kinds of life events were associated with each type of strain.

Gonsalves, C. J. (1990). The psychological effects of political repression on Chilean exiles in the U.S. American Journal of Orthopsychiatry, 60(1), 143-153.

Interviewed 32 Chilean refugees (aged 20-55 yrs) on the effects of detention and torture and subsequent exile in the US. Exile for this group may constitute a continuation rather than a cessation of their suffering. Marital problems, economic hardship, and loneliness are recounted by the adults, while teachers and parents report adjustment and behavioral difficulties among the children. Two findings are unique to the Ss: a continued sense of persecution in exile and the absence of a mutual support system among the refugees.

Gonsalves, C. J. (1992). Psychological stages of the refugee process: A model for therapeutic interventions. Professional Psychology Research and Practice, 23(5), 382-389.

Proposes to increase understanding of the processes refugees use to forge links with a new culture. C. L. Grove and I. Torbiorn's (1985) theoretical model regarding cultural sojourners was applied to refugees and asylum applicants. Five stages are described through which refugees pass: early arrival, destabilization, exploration and restabilization, return to normal life, and decompensation. Typical refugee experiences, impressions at the initial interview, and therapeutic interventions for each stage are offered. Latin American refugees were the focus of the study, but findings could be applicable to other refugee populations.

Harrison, G, Owens, D, Holton, A, Neilson, D, & Et, A. (1988). A prospective study of severe mental disorder in Afro Caribbean patients. Psychological Medicine, 18(3), 643-657.

Investigated increased rates of schizophrenia among Afro-Caribbean immigrants. A prospective study included all patients (42 Ss; aged 16+ yrs) of Afro-Caribbean ethnic origin with a 1st-onset psychosis presenting to psychiatric services from a defined catchment area. Utilizing several diagnostic classifications, rates for schizophrenia were found to be substantially increased in the Afro-Caribbean community, and especially in the 2nd-generation British born. Mode of onset and symptom profiles of psychoses suggest that atypical syndromes and, by implication, misdiagnoses do not account for reported higher rates of schizophrenic illness in these patients.

Hayes, S. C, & Farnill, D. (1992). A study of the concurrent validity of the Screening Test of Adolescent Language with recent immigrants. Psychological Reports, 71(1), 175-178.

Investigated the concurrent validity of the Screening Test of Adolescent Language by correlating the total scores for 152 1st-yr medical students with their performances on the Woodcock Language Proficiency Battery. The sample included many recent Asian immigrants who were not yet highly proficient in English. The Pearson correlation between the 2 measures was high (.78), indicating excellent concurrent validity.

Hinton, W. L, Chen, Y. C. J, Du, N, Tran, C. G, & Et, A. (1993). DSM III R disorders in Vietnamese refugees: Prevalence and correlates. Journal of Nervous and Mental Disease, 181(2), 113-122.

Explored the prevalence and correlates of Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R) disorders in 201 adult newly arrived ethnic Vietnamese and ethnic Chinese refugees from Vietnam who completed translated sections of the Structured Clinical Interview for DSM-III--R, an anxiety disorder

interview schedule for posttraumatic stress disorder (PTSD), and a sociodemographic questionnaire. Overall, 18.4% of the Ss had 1 or more current disorders: 8.5% had adjustment disorder and 5.5% had major depression. Ethnic Vietnamese, compared with ethnic Chinese, had significantly higher rates of current PTSD and generalized anxiety disorder. Ethnic differences in psychopathology were largely explained by the fact that ethnic Vietnamese refugees had experienced more traumatic events and separation from family. After adjusting for ethnicity, Ss who reported traumatic events, Ss who were married, and veterans were significantly more likely to have 1 or more psychiatric disorders.

Hoang, G. N, & Erickson, R. V. (1985). Cultural barriers to effective medical care among Indochinese patients. Annual Review of Medicine, 36, 229-239.

Discusses cultural barriers contributing to the underutilization of health care services by over 600,000 Indochinese refugees who have settled in the United States since 1975, asserting that medical interpreters are needed for the 4 different languages and several dialects used by these people. Religious beliefs that influence Indochinese health beliefs and practices are considered; the possibility that the immigrant may be Catholic should be considered when discussing issues of family planning, pregnancy, and/or abortion. Indochinese views on the importance of the family unit, restraint in interpersonal relationships, passivity resulting from philosophical/religious beliefs, and female modesty may negatively influence the delivery of medical services. Indochinese patients often use their own systems of care before resorting to Western medicine, and Western diagnostic procedures (e.g. multiple tests, waiting for results) may alienate these patients. Suggestions for reducing these barriers are included.

Hoffman, F. (1987). An alcoholism program for Hispanics. Clinical Sociology Review, 5, 91-101.

Following the failure of an alcoholism recovery program for Mariel Cuban refugees due to inappropriate client selection procedures and programming, a viable alternative was found in Hispanic Alcoholics Anonymous (AA). Exploration of the transcultural adaptation of AA ideas for this population proved therapeutic when clients were placed in roles such as collaborator and cultural informant. The problem of subjective distance for the sociologist charged with developing the program is noted, in light of the fact that professional therapists have no legitimate role in developing AA groups. Sociologists involved with groups in which clinical roles are inappropriate may take subjective refuge in the role of ethnographic researcher.

Hoffman, F. (1985). Clinical sociology and the acculturation specialty. Clinical Sociology Review, 3, 50-58.

Discusses the process of acculturation and the need for acculturation specialists created by the sudden arrival of large numbers of refugees from Cuba during the 1980 Mariel boatlift, many of whom suffered from mental disabilities and other stigmas. It is contended that the task of the acculturation specialist parallels in many ways that of the social worker, except that the acculturation specialist will find that the principal therapeutic tool for growth and change is empowerment. The social worker, however, relies heavily on behavior modification and behavior therapy. Some of the service dilemmas experienced, and guiding principles and skills needed to function in an acculturation setting are delineated.

Hong, G. K. (1989). Application of cultural and environmental issues in family therapy with immigrant Chinese Americans. Special Issue: Family therapy with immigrant families: Constructing a bridge between different world views.Journal of Strategic and Systemic Therapies, 8, 14-21.

Identifies major cultural issues that should be considered by therapists working with immigrant Chinese-American families. Salient aspects of Chinese culture include the role of the family, the family hierarchy, communication style, social etiquette, and the client's concept of therapy. Problems that might be faced by immigrant families include social isolation, adjustment difficulties due to relocation, and cultural and language barriers between parents and children. Two cases of immigrant Chinese-American families are presented to highlight therapeutic strategies in dealing with some of these issues.

Huang, K, & Pilisuk, M. (1977). At the threshold of the Golden Gate: Special problems of a neglected minority. American Journal of Orthopsychiatry, 47(4), 701-713.

Notes that the residents of San Francisco's Chinatown demonstrate the consequences of economic and social ills deriving from the history of Chinese-Americans and the orientation of American society towards them. Changes in the immigration laws have presented particularly stressful circumstances for the traditional Chinese-American family. The relationship of such social stresses to the incidence and form of psychopathology--including an unusually high incidence of suicide--is noted.

Hussain, M. F. (1984). Race related illness in Vietnamese refugees. International Journal of Social Psychiatry, 30(1-2), 153-156.

In this paper presented at the spring meeting of the Transcultural Psychiatry Society, March 1983, the author relates aspects of the mental health needs of Vietnamese refugees observed during a 6-wk assignment as medical practitioner and psychiatrist at a refugee center in the Philippines. Racism, the aftermath of war, leaving the homeland without preparation, perilous escapes, prolonged stays in camps, and moves to unsettled and uncertain futures contributed to the stress of these people. Psychiatric illnesses most frequently seen were depression, anxiety, psychosomatic disease, and psychosis; most could be related to the changes in life situation, losses (of business, property, occupation, and loved ones) and disruptions of family relationships. Racism and persecution played a part, especially for the "Boat People." Special training is needed for mental health workers who attempt to treat the effects of racism, and prevention can be achieved by preserving ethnic group membership and reducing discrimination, hostility, and prejudice. Prevention also includes early detection of disease, early initiation of treatment, and reduction of residual disabilities after illness.

Hussain, M. F, & Gomersall, J. D. (1978). Affective disorder in Asian immigrants. Psychiatria Clinica, 11(2), 87-89.

Sociocultural factors play a role in the presentation and symptomatology of affective illnesses, and some of these factors are examined as they affect Asian immigrants. Cultural shock, communication barriers, fear of loss of racial identity, different child-rearing attitudes, and dietary restrictions may all contribute to the manifestation of reactive depression. Symptoms found with greater frequency in Asians are a preponderance of somatized symptoms and complaints such as generalized weakness, bowel consciousness, preoccupation with the fear of having a heart attack, and concern about sexual potency and the health of genital organs. All of these symptoms may mislead the Western trained doctor to advise the patient to have extensive physical checkups or repeated laboratory investigations, thus exaggerating a neurotic depression. An understanding of the immigrant's background will greatly help the therapist in the management of such patients.

Ima, K, & Hohm, C. F. (1991). Child maltreatment among Asian and Pacific Islander refugees and immigrants: The San Diego case. Journal of Interpersonal Violence, 6(3), 267-285.

Reviewed 158 cases of child maltreatment among Asian and Pacific Islander (API) clients that were reported to and handled by the Union of Pan Asian Communities in San Diego, California. Utilization of both quantitative and qualitative strategies identified 5 parameters that may explain the patterns of reported child maltreatment in this population: (1) home country traumas, especially notable among refugees; (2) differences in childrearing practices; (3) the relative visibility to welfare professionals

and other publicly employed professionals; (4) the relative continuity of social support systems brought from country of origin; and (5) the relative ability to cope with cultural conflicts brought on by being newcomers. Physical abuse was much more common and sexual abuse was much less common among the API group compared to the general US population.

Jack, R. A, Nicassio, P. M, & West, W. S. (1984). Acute paranoid disorder in a Southeast Asian refugee. Journal of Nervous and Mental Disease, 172(8), 495-497.

Presents the case of a 23-yr-old male Vietnamese refugee whose attempted suicide was precipitated by a rejection of his romantic advances by an American woman and teasing by fellow co-workers that he was a Communist spy. Central to the development of paranoid delusions was the fact that he had been a member of the Communist forces in Cambodia and feared deportation. Emigration and acculturative stressors were seen as contributing significantly to the S's paranoid disorders.

Jenkins, J. H. (1991). The state construction of affect: Political ethos and mental health among Salvadoran refugees. Culture, Medicine and Psychiatry, 15(2), 139-165.

Although anthropologists have established the cultural status of emotion, recognition of "state" (including sociopolitical institutions of nation-states) constructions of affect has been slow in coming. The nexus among the role of the state in constructing a political ethos, the personal emotions of those who dwell in that ethos, and the mental health consequences for refugees are examined with the goal of bridging analysis of the state construction of affect and the phenomenology of those affects. The state construction of affect and its traces in narrative and clinical presentations of Salvadoran refugees in North America is described. The fear and anxiety among a group of psychiatric outpatients is framed by bodily experience, knowledge of illness, and the ethnopsychology of emotion within the context of chronic political violence and poverty. Future directions for the study of the state construction of affect are suggested.

Karno, M, Golding, J. M, Burnam, M. A, & Hough, R. L. Et, Al. (1989). Anxiety disorders among Mexican Americans and non Hispanic Whites in Los Angeles. Journal of Nervous and Mental Disease, 177(4), 202-209.

Presents data from the Los Angeles site of the National Institute of Mental Health Epidemiologic Catchment Area study (W. W. Eaton et al (see PA, Vol 73:1287); D. A. Regier et al (see PA, Vol 73:1361)) of ethnic and national origin differences in

lifetime prevalence rates for Diagnostic and Statistical Manual of Mental Disorders (DSM-III) defined anxiety disorders. In the case of simple phobia, US-born Mexican-Americans reported higher rates than native non-Hispanic Whites or immigrant Mexican-Americans, the latter 2 groups having similar rates. Mexican-Americans born in the US had higher rates of agoraphobia than immigrant Mexican-Americans, and non-Hispanic Whites reported higher lifetime rates of generalized anxiety disorder compared with both immigrant and native Mexican-Americans. Neither ethnic nor national origin differences in lifetime prevalence rates were found for panic disorder, social phobia, and obsessive-compulsive disorder. Selective migration may influence prevalence differences between native and immigrant Mexican-Americans.

Kinzie, J. D. (1985). Cultural aspects of psychiatric treatment with Indochinese refugees. 137th Annual Meeting of the American Psychiatric Association (1984, Los Angeles, California). American Journal of Social Psychiatry, 5(1), 47-53.

Describes some basic values of Indo-Chinese refugee patients and how these values may conflict with prevailing values of US psychotherapists. Generally, Southeast Asians, although of various ethnic groups, reflect an interdependent and holistic Eastern culture with traditional family values and a fear of mental illness. Their approach to medical problems and mental illness follows both the scholarly tradition of China and the local folk tradition. No cultural analogy to psychological therapy exists, and the decision to see a psychiatrist is made only after other treatment options have been exhausted. The author advocates a medical approach for treating such patients, with emphasis on thorough history taking and reduction of symptoms. A long-term supportive approach to therapy is considered the most helpful. Problem areas in therapy are discussed. Suggestions are based on data from over 350 Indo-Chinese refugees who visited a university psychiatric clinic. Their continuing attendance at the clinic shows that when appropriate approaches, with the support of trained mental health counselors, are used, Indo-Chinese will use psychiatric services.

Kinzie, J. D. (1981). Evaluation and psychotherapy of Indochinese refugee patients. American Journal of Psychotherapy, 35(2), 251-261.

Based on clinical experience with 70 Indochinese refugees, the author developed specific approaches to diagnosis and treatment of these patients. Problem areas include the patient's concentration on physical symptoms, horror stories, and taboo subjects difficult for the patient to discuss. Cultural attitudes and stresses of past and present changes in environment and life-style affect treatment.

Kinzie, J. D. (1989). Therapeutic approaches to traumatized Cambodian refugees. Journal of Traumatic Stress, 2(1), 75-91.

Discusses the pitfalls and effective treatment approaches for Cambodian refugee patients based on the work of a weekly Indochinese refugee clinic. The article describes the nature of posttraumatic stress disorder (PTSD) among the Cambodians, outlines cultural differences that may impede therapeutic progress, and discusses strategies for effective therapy including supportive long-term therapy, case management, reinforcement of traditional values, socialization group therapy, and specific medication. A brief history of a 45-yr-old Cambodian widow is presented.

Kinzie, J. D, Boehnlein, J. K, Leung, P. K, Moore, L. J, & Et, A. (1990). The prevalence of posttraumatic stress disorder and its clinical significance among Southeast Asian refugees. American Journal of Psychiatry, 147(7), 913-917.

Surveyed 322 patients at a psychiatric clinic for Indochinese refugees to determine the presence of posttraumatic stress disorder (PTSD). If PTSD was not diagnosed at the time of initial evaluation, a structured reinterview was performed. 226 Ss met the criteria for a current diagnosis of PTSD, and an additional 15 met the criteria for a past diagnosis. The Mein (Laotian hill people) had the highest rate of PTSD (93%) and the Vietnamese the lowest (54%). Of Ss with PTSD who were enrolled in the clinic before 1988, 87 were given a diagnosis of PTSD only after the reinterview. Findings suggest that PTSD is a common disorder among Indochinese refugees but the diagnosis is often difficult to make.

Kinzie, J. D, & Et, A. (1984). Posttraumatic stress disorder among survivors of Cambodian concentration camps. American Journal of Psychiatry, 141(5), 645-650.

13 Cambodian refugees (aged 24-63 yrs) who had survived 2-4 yrs of concentration camp experience met the DSM-III criteria for posttraumatic stress disorder (PTSD). Their predominant symptoms were avoidance, hyperactive startle reactions, emotional numbness, intrusive thoughts, and nightmares; these had lasted at least 3 yrs after the imprisonment. The Ss' avoidance of thoughts or discussion of the past and the shame they felt about Cambodia's history made diagnosis and treatment difficult. It is suggested that these findings give cross-cultural validation to the diagnosis of PTSD and should alert clinicians to its existence in a population not previously studied. A summary of the 13 cases is presented, and 2 typical case histories are detailed.

Kinzie, J. D, & Leung, P. (1989). Clonidine in Cambodian patients with posttraumatic stress disorder. Journal of Nervous and Mental Disease, 177(9), 546-550.

68 severely traumatized Cambodian refugee patients who suffered from chronic posttraumatic stress disorder (PTSD) and major depression improved symptomatically when treated with a combination of clonidine, an alpha-2 adrenergic agonist, and imipramine, a tricyclic antidepressant (TCA). A prospective study of 9 Cambodian PTSD patients (aged 31-64 yrs) using this combination resulted in improved symptoms of depression in 6 Ss, 5 to the point that Diagnostic and Statistical Manual of Mental Disorders-III--Revised (DSM-III--R) diagnoses were no longer met. The average decrease in the Hamilton Rating Scale for Depression score was 16. PTSD global symptoms also improved in 6 Ss. Clonidine and TCA reduced, but did not always eliminate, hyperarousal symptoms, intrusive thoughts, nightmares, and startle reactions. The imipramine-clonidine combination was well-tolerated and presents a promising treatment for severely depressed and traumatized patients.

Kinzie, J. D, Leung, P, Bui, A, Ben, R, & Et, A. (1988). Group therapy with Southeast Asian refugees. Community Mental Health Journal, 24(2), 157-166.

Describes a 1-yr experience with group therapy for Southeast Asians treated in a psychiatric program for Indochinese refugees. Cultural factors involving communication styles, respect for authority, and traditional social relationships were found to influence the group process. Socialization experiences that encouraged traditional activities and practical information were the most acceptable medium by all groups. Psychological issues of losses, cultural conflicts, and persistent discussion of somatic symptoms were voiced throughout the activities. Formal group psychotherapy was periodically useful in some groups. Flexibility, meeting concrete needs, keeping a bicultural focus, and maintaining the individual therapy sessions contributed to patient acceptance.

Kinzie, J. D, & Manson, S. (1983). Five years' experience with Indochinese refugee psychiatric patients. Journal of Operational Psychiatry, 14(2), 105-111.

Describes the results of the 1st 5 yrs of operation of a clinic that was designed to test the feasibility of providing appropriate and effective mental health services to Indochinese refugees. An overview of the clinic and its treatment philosophy and procedures are presented, and the general characteristics of the patient population, referral sources, and presenting complaints are considered. Diagnostic patterns are described and compared to a group of non-Southeast Asian refugee patients.

Kinzie, J. D, Tran, K. A, Breckenridge, A, & Bloom, J. D. (1980). An Indochinese refugee psychiatric clinic: Culturally accepted treatment approaches. American Journal of Psychiatry, 137(11), 1429-1432.

Describes the establishment of a weekly psychiatric clinic for Indochinese refugees in the US. A flexible approach to treatment was adopted that resulted in the use of different forms of therapy and special emphasis on the medical approach of the physician, a role familiar to Indochinese patients.

Kolody, B, Vega, W, Meinhardt, K, & Bensussen, G. (1986). The correspondence of health complaints and depressive symptoms among Anglos and Mexican Americans. Journal of Nervous and Mental Disease, 174(4), 221-228.

Examined the relationship of depressive symptomatology to somatic complaints among 637 Anglos and 342 US-born and 201 foreign-born Mexican-Americans living in California. A significant linear correlation was found between depressive symptoms and the severity of somatic complaints among each of the 3 groups. This relationship was invariant even when controlling for age, sex, education, and marital status. A stronger relationship between depression and somatic complaints was found for Mexican-American than for Anglo Ss. Mexican-American immigrants were also more likely to report depressive symptoms when experiencing relatively minor health problems, indicating the importance of intracultural variations. Findings support the likelihood of a complex clinical picture for Hispanics that includes concurrent presentation of health problems and somatic symptomatology.

Kope, T. M, & Sack, W. H. (1987). Anorexia nervosa in Southeast Asian refugees: A report on three cases. Journal of the American Academy of Child and Adolescent Psychiatry, 26(5), 795-797.

Presents 3 cases of anorexia nervosa (AN) occurring in adolescent Southeast Asian refugees (aged 14, 15, and 18 yrs) and discusses related sociocultural aspects of this multidetermined disorder. Research into the prevalence of AN in this group and the relationship between the immigration experience and the development of AN are indicated.

Krener, P. G, & Sabin, C. (1985). Indochinese immigrant children: Problems in psychiatric diagnosis. Journal of the American Academy of Child Psychiatry, 24(4), 453-458.

Presents results from the evaluation and treatment of 18 Indo-Chinese refugee children (aged 8-17 yrs) in a child psychiatry clinic. Work was done in conjunction with bilingual counselors, who were familiar with the patients' families and culture. Cross-cultural childrearing differences and the experience of recovering from severe stress confounded the application of Diagnostic and Statistical Manual of Mental Disorders (DSM-III) diagnoses. The revision of the diagnoses is described, and the implications for the limitations for present diagnostic models are briefly explored.

Kroll, J, Habenicht, M, Mackenzie, T, Yang, M, & Et, A. (1989). Depression and posttraumatic stress disorder in Southeast Asian refugees. American Journal of Psychiatry, 146(12), 1592-1597.

Examined the clinical symptoms of 404 Hmong, Laotian, Cambodian, and Vietnamese patients who came for treatment to a Southeast Asian refugee mental health program of a US community clinic. A 19-item symptom checklist comprising culturally relevant signs and symptoms of depression and anxiety was used. The diagnoses were based on all of the information obtained, including mental status examination results. The majority of Ss met the criteria for major depressive episode. The 2nd most frequent category was posttraumatic stress disorder (PTSD), usually in combination with depression. Widowhood and traumatic experiences (e.g. torture) were positively correlated with more symptoms of depression and anxiety. Problems in acculturation are explored.

Kroll, J, Linde, P, Habenicht, M, Chan, S, & Et, A. (1990). Medication compliance, antidepressant blood levels, and side effects in Southeast Asian patients. Journal of Clinical Psychopharmacology, 10(4), 279-283.

Examined antidepressant blood levels in 15 Hmong, 12 Cambodian, and 5 Laotian Ss (aged 27-63 yrs) with major depressive episode or both posttraumatic stress disorder (PTSD) and major depressive episode. 17 Ss who said they were taking their medication regularly had no detectable antidepressant blood levels, and another 10 had subtherapeutic blood levels. Hmong Ss were significantly more likely to have undetectable blood levels than the other 2 groups and tended to have a diagnosis of depression alone. Data support findings by J. D. Kinzie et al (see PA, Vol 75:5309) that medication noncompliance is a significant problem in the treatment of Southeast Asian refugees.

Kuo, W. H. (1984). Prevalence of depression among Asian Americans. Journal of Nervous and Mental Disease, 172(8), 449-457.

Administered the Center for Epidemiological Studies Depression Scale to 499 Chinese-, Japanese-, Filipino-, Korean-Americans. Findings indicate that the prevalence of depression among Asian-Americans is at least as high as that of the White population and support the interpretation that Asian underutilization of mental health services is not the reflection of a lesser need for services. Factor analysis revealed a pattern of symptoms that was similar among the Koreans, Japanese, and Chinese. Four factors, accounting for 53% of the variance, were identified: Positive Affect, Depressed Affect, Somatic and Retarded Activity, and Interpersonal Problems. Ss tended to express depression through a combination of mood and somatic descriptors. Newer immigrants, notably the Koreans, were more likely to show adjustment problems.

Kuo, W. (1976). Theories of migration and mental health: An empirical testing on Chinese Americans. Social Science and Medicine, 10(6), 297-306.

Tested the applicability of 4 migratory theories in specifying the most stressful life changes among immigrants and the impact of these stresses on their mental health. The 4 theoretical notions--social isolation, cultural shock, goal-striving stress, and cultural change--were explicated and tested against a data set on Chinese immigrants. The data were derived from interviews with 170 Chinese Americans (median age 38 yrs) residing in Washington, D. C. 24% were American-born, and, of these, 70% reported that their families had lived in the US for only 2 generations. Measurements included items from the Midtown Psychiatric Impairment Index and the CES-D scale (Center for Epidemiological Studies depression scale). The 4 theories accounted for less than a quarter of the variance of the mental impairment scores. These theories differed in explanatory utility and in some instances predicted contradictory directions for relationships between mental illness and immigration experience. Results suggest the need for further cross-cultural and comparative investigations dealing with the applicability of the existing migratory theories to mental illness.

Laureano, M, & Poliandro, E. (1991). Understanding cultural values of Latino male alcoholics and their families: A culture sensitive model. Special Issue: Chemical dependency: Theoretical approaches and strategies working with individuals and families. Journal of Chemical Dependency Treatment, 4(1), 137-155.

Discusses the impact that problem drinking and alcoholism have on immigrant Latinos and their families. A parallel process of the progression of deteriorating cultural values due to immigrational stressors and alcoholism is identified. This process continues as clinicians treat 2 and 3 generations of alcohol/drug addiction and co-dependency. A culturally sensitive assessment model that can be integrated in the treatment of individuals, families, and groups is presented. Two excerpts from early

initial interviews with a Puerto Rican and a Cuban family illustrate how clinicians can integrate a cultural framework into their work with Latino alcoholics and their families.

Lee, E. (1989). Assessment and treatment of Chinese American immigrant families. Journal of Psychotherapy and the Family, 6(1-2), 99-122.

Explores different Chinese subcultures to present an alternative family therapy model that is compatible with Chinese value orientation, family structure, and communication patterns. Characteristics of different types of Chinese-Americans are identified. The impact of political changes, the force of industrialization, and the effect of cultural transition are explored. Clinical strategies are presented for assessing and treating immigrant families. The approaches are based on (1) Chinese philosophy as influenced by Confucianism and Buddhism, (2) a holistic concept of health and illness, and (3) social system theory and its application to family therapy (C. Madanes and J. Haley (see PA, Vol 59:10374)).

Lee, E. (1988). Cultural factors in working with Southeast Asian refugee adolescents. Special Issue: Mental health research and service issues for minority youth. Journal of Adolescence, 11(2), 167-179.

An examination of the socio-political-cultural factors that impact the psychological development of Southeast Asian refugee adolescents reveals that these adolescents are confronted with the developmental crisis as adolescents, adjustment problems as refugees, and intercultural conflicts caused by the immense value differences between Eastern and Western cultures. In working with this population, clinicians are urged to consider the special stressors resulting from the refugee and cultural experiences. Three areas of assessment are recommended: (1) major stresses (migration, acculturation, life cycle, and family stress); (2) strengths; and (3) culturally specific responses to mental health problems. Individual, family, and group therapy modalities are suggested when working with this population.

Lee, E, & Lu, F. (1989). Assessment and treatment of Asian American survivors of mass violence. Journal of Traumatic Stress, 2(1), 93-120.

Outlines traumatic historical events with demonstrated relationship to posttraumatic stress disorder (PTSD) and reviews categories of traumatic events of the past 40 yrs that are likely to predispose Asian survivors to PTSD or other psychopathology. The article discusses functional and dysfunctional coping strategies of Asian immigrants and refugees and presents 4 guiding principles for the psychiatric assessment of Asian

immigrants and refugees who may have PTSD. Culturally specific treatment strategies are discussed including crisis intervention; supportive, behavioral, and psychopharmacological approaches; amytal and hypnosis; and folk healing. Recommendations are given for treatment modalities, clinical service, training, and research.

Leslie, L. A, & Leitch, M. L. (1989). A demographic profile of recent Central American immigrants: Clinical and service implications. Hispanic Journal of Behavioral Sciences, 11(4), 315-329.

91 recently immigrated Central Americans (aged 18+ yrs) with a household income of <$15,000 per year were interviewed concerning their immigration experience, problems encountered in the US, and utilization of services. Employment was the area in which Ss experienced the most stress and which had the greatest effect on their adjustment, both positively and negatively. There was a relatively low level of service utilization in this group, although loss of a job was the one thing that many Ss reported would lead them to seek help. Implied clinical and social service needs and suggested avenues for service delivery are presented.

Lin, K. M, Masuda, M, & Tazuma, L. (1982). Adaptational problems of Vietnamese refugees: III. Case studies in clinic and field: Adaptative and maladaptive. Psychiatric Journal of the University of Ottawa, 7(3), 173-183.

Presents clinical and field observations of the adaptational process and mental health problems of 115 Vietnamese refugees. Previous papers by the 1st author and colleagues (see PA, Vol 65:1378) and the 2nd author and colleagues (see PA, Vol 65:10278) described refugees' physical and mental health and life changes experienced during resettlement. Losses and "culture shock" often led to anxiety and depression, frequently expressed through somatization. Some Ss showed temporary paranoid or hysterical reactive psychoses, and marital conflict took place with increased frequency because of the excessive strain on the relationship and the need for constant readjustment to the new environment. Different patterns of acculturation were observed, with problems being encountered by those who were unable to bridge their traditional and adopted cultures. Ss with the greatest vulnerability were those with poor social support systems, who had suffered a greater degree of status inconsistency or extreme personal losses, or who had limited previous exposure to American culture. Successful adaptational strategies included the regrouping of family members or the creation of "pseudofamilies," absorption in work, and the development of an attitude of "fatalism" consistent with active coping.

Lin, K. M, & Shen, W. W. (1991). Pharmacotherapy for Southeast Asian psychiatric patients. Journal of Nervous and Mental Disease, 179(6), 346-350.

Demonstrates that Southeast-Asian refugees to be at high risk for developing major depressive and posttraumatic stress disorders (PTSDs), but are often not able to benefit from modern advances in psychopharmacology. Besides difficulties in cross-cultural psychiatric diagnosis, problems also arise from cultural differences in the expectation of drug effects and in compliance. Recent evidence (e.g. by K. M. Lin et al; 1986) has suggested that pharmacokinetic and pharmacodynamic profiles of various psychotropic medications may be different in Asians than in non-Asian patients, leading to differences in dosage requirements and side effect profiles. These issues and their relevance to the care of refugee patients are reviewed.

Liu, W. T. (1986). Culture and social support. Research on Aging, 8(1), 57-83.

Articulates 2 concepts used in research on ethnic minorities during the last 2 decades: culture and support groups. The role of culture in mental health and illness is described in terms of normative reactions and cultural determinism axis and the universalism and peculiarism dichotomy. The Coping mechanism is defined as an intervening but culturally determined variable. Social class indexes are presented in a cultural perspective. Research about support groups of Asian-American immigrants, the problems of delineating kin as support groups, and the unit of analysis in support group research are described. It is concluded that it is the degree of group cohesion, rather than culture, that directly explains the individual's psychological well-being. The importance of culture in mental illness is real; however, more rigorous research on social structure is needed.

Liu, W. T. (1986). Health services for Asian elderly. Research on Aging, 8(1), 156-175.

Used a variety of studies to show that not all elderly Asian immigrants to the US are taken care of by their kin or the ethnic community facilities. Compared with the general American population, such elderly populations have problems associated with economic conditions, cultural mismatch, and the structural factors of ethnic communities that left many elderly living alone or with nonrelatives. It is concluded that the Asian-American elderly pose problems related to health services about which there is little systematic knowledge.

Looney, J, & Et, A. (1979). Consulting to children in crisis. Child Psychiatry and Human Development, 10(1), 5-14.

Describes a consultation experience in which a team of mental health professionals attempted to meet the emotional needs of Vietnamese children and adolescents in refugee camps in the US. Differences between Vietnamese and American teenagers were observed, particularly in the Vietnamese youths' strong sense of family loyalty. Recommendations are given for primary, secondary, and tertiary prevention. The consultants' basic function was that of translating knowledge of the familial and extrafamilial factors that influence growth into recommendations that had significant common sense validity for those individuals who had managerial responsibility, but who had no previous experience meeting the special needs of children.

Lopez, A, Boccellari, A, & Hall, K. (1988). Posttraumatic stress disorder in a Central American refugee. Hospital and Community Psychiatry, 39(12), 1309-1311.

Noted that relatively few Central American refugees who seek formal mental health treatment for serious psychiatric disorders present with posttraumatic stress disorder (PTSD) or other conditions that appear to be directly related to the trauma they experienced in Central America. The case report of a 17-yr-old Salvadoran male highlights cultural factors that may influence the detection, presentation, and treatment of PTSD in a Central American population. The case also demonstrates the need to respect patients' need for protection from emotional flooding during the acute phase of PTSD.

Magana, J. R. (1991). Sex, drugs and HIV: An ethnographic approach. Social Science and Medicine, 33(1), 5-9.

Conducted an ethnographic study of the sexual relationship existing between 38 heroin-addicted female prostitutes and 50 male Hispanic migrant undocumented workers in Orange County, California. Sexual practices reported by Ss in interviews have implications for the transmission and prevention of human immunodeficiency virus (HIV). Of particular interest is a form of sexual behavior known to Ss as "becoming milk brothers." In this sexual practice, several men have sexual intercourse with a single woman in rapid succession, allowing the possibility of HIV transmission to take place from male to female, from female to male, and from male to male. In addition, Ss reported that condoms were used only very rarely. Encouraging prostitutes and Hispanic undocumented aliens to utilize safe sexual practices would include the use of educational materials to promote condom use, and assuring easy access to condoms.

Matsuoka, J. K. (1990). Differential acculturation among Vietnamese refugees. Social Work, 35(4), 341-345.

Differential acculturation is an approach to understanding age-related adjustment difficulties and intergenerational conflict among Vietnamese refugees in America. The case example of a 15-yr-old Vietnamese boy who arrived in America during a critical point in his development illustrates a problem arising from differences between the 2 cultures. This case illustrates the type of problems encountered by Vietnamese faced with the task of finding reliable alignments between old and new cultures. The social worker used psychodynamic techniques to help the S examine his past in relation to his current life and develop self-awareness, and cognitive-behavioral techniques to encourage an atmosphere of family support.

McInnis, K. (1991). Ethnic sensitive work with Hmong refugee children. Child Welfare, 70(5), 571-580.

Examines distinguishing characteristics of Hmong culture, and gives examples of the problems these differences can create in serving Hmong children and their families who are refugees in the US. Almost two-thirds of the families receive either Refugee Cash Assistance or Aid to Families with Dependent Children. Though many Hmong children are US citizens by birth, attend neighborhood schools, and appear to be adapting quickly, they are torn between the cultural expectations found in the neighborhood and school setting and a different set of rules and customs within the Hmong family. Three critical components of Hmong culture that influence the daily lives of Hmong children are described: the family; child-rearing and discipline in their culture; and traditional Hmong perspectives on physical and mental health.

McLeod, B. (1986). The Oriental express. Psychology Today, 20(7), 48-52.

Discusses the increasing incidence of voluntary immigration of Asian professionals to the US. It is suggested that those in engineering and science have done well but that health-care professionals have been hindered by language problems and professional-society fostered restrictions. Academic and occupational success has earned Asian-Americans the title of model minority, a designation that has both benefits and disadvantages. The complexities of cultural assimilation in this group are discussed.

McQuaide, S. (1989). Working with Southeast Asian refugees. Clinical Social Work Journal, 17(2), 165-176.

For the Indo Chinese patient, an emotional problem may have a very different meaning--a meaning not immediately obvious to the Western mind. The emotionally troubled individual may feel that he or she is being punished, and that confiding to a

psychotherapist is shaming or betraying the family and the ancestors. Consequently, emotional problems may be converted to somatic complaints, particularly of the respiratory and gastrointestinal variety. In working with the Indo Chinese refugee the clinician is advised to be flexible, persevering, and open-minded.

Mollica, R. F, Wyshak, G, Lavelle, J, Truong, T, & Et, A. (1990). Assessing symptom change in Southeast Asian refugee survivors of mass violence and torture. American Journal of Psychiatry, 147(1), 83-88.

Evaluated changes in psychiatric symptoms and levels of perceived distress of 21 Cambodian, 13 Hmong Laotian, and 18 Vietnamese patients, some with major affective disorder and/or posttraumatic stress disorder (PTSD), before and after a 6-mo treatment period. Symptom change was measured with the Indochinese versions of the SCL-25 (R. F. Mollica et al; see PA, Vol 74:27017). Most Ss improved significantly. Cambodians had the greatest and Hmong Laotians had the least reductions in depressive symptoms. Depressive symptoms were more responsive to treatment than were anxiety and somatic symptoms. Data indicate that refugee survivors of multiple traumata and torture can be aided by psychiatric care.

Mollica, R. F, Wyshak, G, & Lavelle, J. (1987). The psychosocial impact of war trauma and torture on Southeast Asian refugees. American Journal of Psychiatry, 144(12), 1567-1572.

Conducted a treatment study of 52 patients in a psychiatric clinic for Indochinese refugees. It was found that these Ss were a highly traumatized group; each had experienced a mean of 10 traumatic events and 2 torture experiences. Many of the Ss had concurrent diagnoses of major affective disorder and posttraumatic stress disorder as well as medical and social disabilities associated with their history of trauma. Data also show that Cambodian women without spouses demonstrated more serious psychiatric and social impairments than all other Indochinese patient groups.

Moore, L. J, & Boehnlein, J. K. (1991). Posttraumatic stress disorder, depression, and somatic symptoms in U.S. Mien patients. Journal of Nervous and Mental Disease, 179(12), 728-733.

Describes the treatment over 6 yrs of 85 Mien refugees (aged 18-64 yrs) in a US university psychiatric program. Primary care medical problems were identified and treated, with the focus on major depression and posttraumatic stress disorder (PTSD). Cultural beliefs about illness and medication interfered with adherence to prescribed treatment. A marked sensitivity to side effects of certain antidepressants also resulted

in subtherapeutic doses. Ss rarely volunteered their traumatic histories, psychiatric problems, or dissatisfaction with medications. However, the effective use of medication for somatic complaints and the continuing recognition of Mien health beliefs in psychosocial treatments led to a trusting doctor-patient relationship and continued psychiatric care.

Moore, L. J, & Boehnlein, J. K. (1991). Treating psychiatric disorders among Mien refugees from highland Laos. Social Science and Medicine, 32(9), 1029-1036.

Discusses psychiatric symptom presentation, diagnostic and treatment issues, and the impact of cultural health beliefs upon illness and treatment among Mien refugees, a Southeast Asian hill people, based on the authors' 6-yr clinical experience with such refugees. Major depression and posttraumatic stress disorder (PTSD) were the most commonly encountered psychiatric diagnoses, usually revealed through somatic symptoms. Clinical response to psychotropic medication was limited. Psychosocial and psychotherapeutic approaches to treatment have been developed, effectively combining support and education in the creation of a holding environment that includes both individual and group formats. Two case examples describe typical symptom presentation and illustrate how traditional and Western healing approaches can coexist in the optimal care of these patients.

Mouanoutoua, V. L, Brown, L. G, Cappelletty, G. G, & Levine, R. O, V. (1991). A Hmong adaptation of the Beck Depression Inventory. Journal of Personality Assessment, 57(2), 309-322.

Examined the psychometric characteristics of the Hmong Adaptation of the Beck Depression Inventory (HABDI). Also examined was the relationship between depression and demographic variables such as age, sex, length of stay in America, English-speaking ability, and social support in 123 Hmong refugees (aged 18-66 yrs). The new measure demonstrated a high coefficient alpha and test-retest reliability and a significant mean score difference between the nondepressed and the depessed groups. Individual items were distributed evenly and correlated highly with the total depression score. The HABDI correctly identified 94% of depressed and 78% of nondepressed in the Hmong sample. Quality of social support and years of education play important roles in buffering Hmong refugees against depression, length of US stay and number of social supports do not.

Nguyen, S. D. (1982). The psycho social adjustment and the mental health needs of Southeast Asian refugees. Psychiatric Journal of the University of Ottawa, 7(1), 26-35.

Since 1975, over one half million refugees from Southeast Asia have resettled in North America. While the majority settle successfully, there is growing evidence that a significant number are experiencing emotional distress due to the traumas of the war, lack of preparation before leaving their homelands, the perilous escape, the protracted stay in overcrowded unsanitary refugee camps, and the transplantation into an alien culture and environment. The present study presents an overview of the problems and reviews studies on the mental health needs and psychosocial adjustment of the refugees in the US and Canada. (French abstract)

Nicassio, P. M, Solomon, G. S, Guest, S. S, & McCullough, J. E. (1986). Emigration stress and language proficiency as correlates of depression in a sample of Southeast Asian refugees. International Journal of Social Psychiatry, 32(1), 22-28.

Evaluated a stress-management, coping skills model of adjustment in an analysis of depression in 48 Laotian refugees (mean age 35.32 yrs) living in the southeastern US. Stressful events and experiences during emigration and a lack of English proficiency were associated with depressive symptoms, while demographic variables and social support were not. English proficiency also reduced the impact of acculturative stressors on depression, suggesting that language skill may act as a stress buffer in a new cultural environment.

Niem, T. T. (1989). Treating Oriental patients with western psychiatry: A 12 year experience with Vietnamese refugee psychiatric patients. Psychiatric Annals, 19(12), 648-652.

Describes the Vietnamese refugee syndrome (VRS) that includes many psychiatric problems, including losses, traumata, compensation illusions, and cultural adaptation. Vietnamese culture perceives mental illness as a stigma of the patient and family, but this view and attitudes toward psychiatrists have begun to change after 14 yrs of resettlement in the US. Clinical manifestations of VRS include somatic symptoms (e.g. headache, insomnia, nightmares) and syndromes (e.g. manic depression, psychotic reactive depression, posttraumatic stress disorder (PTSD)). Individual supportive psychotherapy and family therapy have been the major treatment modalities for VRS in the author's practice.

Nogales, A. (1992). Hispanic injured workers. Eighth Annual Symposium in Forensic Psychology of the American College of Forensic Psychology (1992, San Francisco, California). American Journal of Forensic Psychology, 10(3), 67-80.

Discusses the effects of an injury on a Hispanic immigrant worker's life. Due to the

misperceptions of their cultural backgrounds, they are forced to take jobs that are the least sanitary and the most dangerous. Because of their lack of knowledge regarding ytheir rights to worker's compensation benefits, they may not receive proper treatment for their injuries. Clinicians may remedy this by evaluating them with a full awareness of their cultural and linguistic backgrounds and differences and a full understanding of how their bodies are their most important asset, thus rendering an accurate diagnosis and beneficial treatment.

Norton, I. M, & Manson, S. M. (1992). An association between domestic violence and depression among Southeast Asian refugee women. Journal of Nervous and Mental Disease, 180(11), 729-730.

Presents case reports of 3 Southeast Asian (SA) refugee women (aged 35, 48, and 61 yrs) in whom spousal abuse was associated with major depression. Their history of actual or threatened physical violence was correlated with partial response to antidepressant treatment. In 2 Ss, spousal abuse occurred long before the couple came to the US, thus suggesting that domestic violence occurs in SA cultures.

Ochberg, F. M. (1989). Cruelty, culture, and coping: Comment on the Westermeyer paper. Journal of Traumatic Stress, 2(4), 537-541.

Compares and contrasts refugee trauma as described by J. Westermeyer (see PA, Vol 77:15237) with the constructs of traumatization and victimization. Exposure to cruelty complicates the recovery process. It is also suggested that clinicians who treat Vietnam veterans are good candidates for training programs in cross-cultural care of Asian refugees because of their experience in dealing with the traumatic loss of culture.

Olness, K. N. (1986). On "Reflections on caring for Indochinese children and youths.". Journal of Developmental and Behavioral Pediatrics, 7(2), 129-130.

Agrees with M. E. Felice (see PA, Vol 73:22611) that US child health workers must be sensitive to varying cultural norms among the many ethnic groups that make up Southeast Asian refugees. Four examples of well-intentioned interventions that may be perceived as cruel insults are included. It is suggested that, unfortunately, refugees are unlikely to share these perceptions with Western health providers.

Onoda, L. (1977). Neurotic stable tendencies among Japanese American Sanseis and Caucasian students. Journal of Non White Concerns in Personnel and Guidance, 5(4), 180-185.

Tested the hypothesis that Japanese-Americans have higher neurotic tendencies than Caucasians. Sansei high school students (those whose grandparents were immigrants but who were born and raised in the US, like their parents the Nisei) were compared with White American students on the Eysenck Personality Inventory. Sanseis had significantly higher neurotic tendencies than Whites. It is concluded that these 2nd-generation Japanese-Americans are experiencing a greater degree of hidden stress than White American students. This may account for the higher incidence among the Sansei of somatic complaints such as headaches, digestive troubles, insomnia, and backaches.

Padilla, A. M, Wagatsuma, Y, & Lindholm, K. J. (1985). Acculturation and personality as predictors of stress in Japanese and Japanese Americans. Journal of Social Psychology, 125(3), 295-305.

Studied the experience of stress and personality variables among 114 Japanese and Japanese-American undergraduates undergoing differing degrees of acculturation. The Self-Esteem Inventory, Rotter's Internal-External Locus of Control Scales, and a measure of introversion-extraversion were administered to Ss. A stress scale designed for immigrant students was used as well as new scales for acculturation and values. Ss were grouped into 1st, 2nd, and 3rd or later generations. Results from several analyses indicate that different generational groups reported different levels of stress, values, and acculturation. In addition, generational groups differed in self-esteem and locus of control: First-generation Ss experienced the most stress, were low in self-esteem, and were more externally oriented than 3rd/later generation Ss. Also, self-esteem and acculturation level were good predictors of stress in all generations.

Palacios, M, & Franco, J. N. (1986). Counseling Mexican American women. Journal of Multicultural Counseling and Development, 14(3), 124-131.

Presents a demographic profile of Mexican-American women and describes some characteristics of the Mexican-American culture. Sources of psychological stress for Mexican-American women are suggested to include unfavorable conditions of poverty; language, acculturation, and immigration difficulties; and cultural conflicts. It is reported that Mexican-American women do not use public mental health centers as often as do other groups, and when they do, they usually present with multiple psychological disturbances. This underuse is attributed to geographic isolation, language barriers, discouraging institutional policies, and culture-bound attitudes of therapists. Culturally relevant services should be provided by mental health centers for effective service delivery.

Pecora, P. J, & Fraser, M. W. (1985). The social support networks of Indochinese refugees. Journal of Sociology and Social Welfare, 12(4), 817-849.

Determined the relationship between social support and economic self-sufficiency among Indochinese refugees in Utah. 68 social service agency staff members and 51 refugee sponsors rated contacts by family, work, school, and sponsors who are family members as most useful, with differences emerging between the 2 groups regarding other sources of social support. Respondents who had been refugees rated some forms of social support higher than nonrefugee respondents. Mutual Assistance Associations were seen as underutilized resources for helping Indochinese refugees build and maintain networks of social support.

Perez, R. (1982). Provision of mental health services during a disaster: The Cuban immigration of 1980. Journal of Community Psychology, 10(1), 40-47.

The recent (1980) immigration of 125,000 Cubans to the US presented health workers with a situation bearing many of the characteristics of a disaster. Some of the organizational, clinical, and ecological issues inherent in providing mental health care in disaster situations are discussed. Ultimately, the development of an effective response to the situation depended on an understanding of the individuals involved and an appreciation for the characteristics of the different phases of disaster situations.

Pickwell, S. (1989). The incorporation of family primary care for Southeast Asian refugees in a community based mental health facility. Archives of Psychiatric Nursing, 3(3), 173-177.

Reviews the literature that documents the incidence of mental health disturbance among Southeast Asian (SA) refugees and describes psychiatric treatment approaches. A family nurse practitioner-faculty-student clinical experience is described that is designed to provide home health services to SA refugees with psychiatric diagnoses. Through this intervention experience, persistent themes have been identified, including (1) the stigma of mental illness in the SA community, (2) existence of polypharmacy, and (3) patients' acknowledged beliefs in a supernatural or magical etiology of their illnesses.

Raleigh, V. S, Bulusu, L, & Balarajan, R. (1990). Suicides among immigrants from the Indian subcontinent. British Journal of Psychiatry, 156, 46-50.

Analyzed 231 suicides in England and Wales among immigrants of Indian ethnic origin for the period 1970-1978. Compared with the general population, there were

significantly more suicides among young Indian women (aged 15-24 yrs) than among the general population of women in this age range. Suicides were disproportionately higher in young married women than in single women. Burning was a common method of suicide among Indian women. Suicide rates were low in Indian men and the Indian elderly. A large proportion of the male suicides were among doctors and dentists.

Ramisetty, M. S. (1993). Asian Indian immigrants in America and sociocultural issues in counseling. Journal of Multicultural Counseling and Development, 21(1), 36-49.

Describes sociocultural differences between American and Asian-Indian cultures. Topics discussed include immigration patterns and the history and cultural orientation of Asian-Indians, including perception of time, role of religion and philosophy of life, family structure, and kinship. Concerns and problems that Asian immigrant families might face during acculturation include group solidarity and identity, family role adaptations and conflicts, socialization, and psychological adjustment. Also addressed are indigenous models of therapy in traditional Asian societies.

Redick, L. T, & Wood, B. (1982). Cross cultural problems for Southeast Asian refugee minors. Child Welfare, 61(6), 365-373.

Presents a composite case example of a 17-yr-old Chinese-Vietnamese male to illustrate cultural misunderstandings likely to be experienced by refugee minors and their American foster families. Resolution of misunderstandings involved the S's overt adoption of American customs, acceptance of the S's cultural customs by his American family, compromise by persons in both cultures, and a peaceful coexistence of the 2 cultures.

Rodriguez, R, & DeWolfe, A. (1990). Psychological distress among Mexican American and Mexican women as related to status on the new immigration law. Journal of Consulting and Clinical Psychology, 58(5), 548-553.

Psychological distress in relation to the 1986 Immigration Reform and Control Act was examined among 90 Mexican-American and Mexican women divided into three groups (n = 30 each): undocumented immigrants who did not qualify for amnesty, undocumented immigrants who qualified for amnesty, and legal residents of the United States of Mexican descent. Results indicate that the undocumented immigrants who did not qualify for amnesty obtained significantly higher scores on hostility. Contrary to prediction, undocumented immigrants who qualified for amnesty obtained lower scores in anxiety (a statistical trend) than did the other two groups. No differences in global

psychological distress were found between the undocumented immigrants and the legal residents.

Rosser, H. R. (1990). Making counseling culturally appropriate: Intervention with a Montagnard refugee. Journal of Counseling and Development, 68(4), 443-445.

Describes an intervention with a distressed 33-yr-old male Montagnard refugee from the central highlands of South Vietnam. The intervention was conducted in a context sensitive to Southeast Asian culture. Relevant interventions are discussed in relation to the literature on counseling with Southeast Asian refugees in the US.

Rozee, P. D, & Van, B. G. (1989). The psychological effects of war trauma and abuse on older Cambodian refugee women. Women and Therapy, 8(4), 23-50.

Interview data demonstrated the superiority of environmental stress theories over psychodynamic theory in explaining nonorganic blindness among 30 Cambodian women refugees (aged 40-69 yrs). Symptoms reported by Ss included nightmares and sleep disturbances, symptoms of posttraumatic stress disorder (PTSD), and isolation. Subjective visual acuity was significantly related to years of servitude/internment, including forced labor, starvation, physical and sexual abuse, and execution of loved ones in communist camps during and after the fall of Cambodia in 1975. Onset of visual loss following these traumas, preceded by healthy pretrauma functioning, suggests environmental rather than intrapsychic etiology. Suggestions for culturally relevant interventions are given.

Rubinstein, D. (1976). Beyond the cultural barriers: Observations on emotional disorders among Cuban immigrants. International Journal of Mental Health, 5(2), 69-79.

Discusses the manifestations and clinical management of emotional disorders based on psychiatric observations among white Cuban immigrants in the US. The patients' religious beliefs are a fusion of Catholic and African deities. A native defensive phenomenon called "choteo" is less effective in relieving pressures in a new environment. Most of their conflicts and emotional disorders are due to transculturation. This process requires them to make new adjustments so that loyalty to familiar customs does not arrest the acculturation. Case studies reveal great tolerance for eccentric and picturesque characters with the result that a patient is seldom isolated. Visual and auditory hallucinations of a religious nature, which disrupt sleep, are frequent. The symptoms respond well to antidepressants. Use of amitriptyline (about 75-300 mg daily) is recommended. It is important to include the

family of the patient in management of the case, and treatment at home is better than in the hospital. The treatment is not effective unless the cultural and social phenomena behind the symptoms are understood. Only then can the therapist design a proper program and help to bridge the gap between parents and children exposed to different cultural influences.

Ryan, A. S. (1985). Cultural factors in casework with Chinese Americans. Social Casework, 66(6), 333-340.

Reviews Confucianism, Taoism, Buddhism, and Chinese-American family relationships to provide information on how these influences may affect a client's way of life, thinking, and communicative behavior. Cultural factors and psychosocial assessment, particularly as they relate to depression, suicide, the experience of Chinese immigrants, and implications for treatment are discussed. A case example of family service is included to illustrate the case worker's responsibility to understand cultural factors that predispose a client.

Sack, W. H. (1985). "Anxiety disorder in children and adults: Coincidence or consequence?": Commentary. Integrative Psychiatry, 3(3), 162-164.

Elaborates on J. F. McDermott's (see PA, Vol 73:24680) article on anxiety disorders in children and adults by relating McDermott's comments to diagnostic and etiological issues regarding the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) diagnosis of posttraumatic stress disorder in relation to the present author's study of Cambodian adolescent refugees and L. Terr's (1979; see also PA, Vol 64:12599) work with the children of Chowchilla.

Sakauye, K. (1992). The elderly Asian patient. Journal of Geriatric Psychiatry, 25(1), 85-104.

Reviews the clinical literature on mental health problems facing Asian elderly (AE) to address the diagnostic and treatment issues of this population. After a brief overview of the demographics of the AE in the US, 3 areas of concern are discussed: diagnostic problems of foreign-born (FB) Asian groups; major barriers to treatment for both FB and American-born Asians; and biological differences. In many instances, inferences come from age-pooled studies on the mental health of Asians or minority people rather than directly from studies of the AE. This is done to highlight areas that have not been studied in AE populations. The most important issues in need of study revolve around

problems of new immigrants or culturally isolated individuals. Topics include culture-bound syndromes and communication, acculturation stress, alternative treatments, and prejudice and value differences.

Salgado, D. S, V. Nelly. (1987). Factors associated with acculturative stress and depressive symptomatology among married Mexican immigrant women. Special Issue: Hispanic women and mental health. Psychology of Women Quarterly, 11(4), 475-488.

Assessed levels of acculturative stress and individual stressors and their relationship to levels of depressive symptomatology among 140 17-49 yr old Mexican immigrant women. Mean age at migration was 18.5 yrs, and average length of stay in the US was 7.5 yrs. Ss who in the last 3 mo experienced discrimination, sex-role conflicts, and concern about starting a family in this country had significantly higher Center for Epidemiologic Studies Depression scale scores than Ss who did not report such situations. Findings suggest that female Mexican immigrants as a group are at risk for the development of psychological problems.

Salgado, D. S, V. Nelly. (1987). Mexican immigrant women: The relationship of ethnic loyalty and social support to acculturative stress and depressive symptomatology. Spanish Speaking Mental Health Research Center Occasional Papers, 22, 73.

Surveyed 140 Mexican immigrant women (aged 17-49 yrs) in the US regarding circumstances of immigration, self-esteem, loyalty toward mother culture, social support networks, coping strategies, acculturative stress, depressive symptomatology, and general satisfaction. Results show a high level of depressive symptomatology in Ss regardless of the degree of social support and expressed satisfaction with the decision to immigrate. Ss with high ethnic loyalty indicated lower levels of self-esteem, social support, and satisfaction, and higher levels of acculturative stress. It is noted that Ss who had made the final decision to immigrate did not fit the passive-dependent image of Mexican women portrayed in the literature.

Salgado, D. S, V. Nelly, Cervantes, R. C, & Padilla, A. M. (1990). Gender and ethnic differences in psychosocial stress and generalized distress among Hispanics. Special Issue: Gender and ethnicity: Perspectives on dual status. Sex Roles, 22(7-8), 441-453.

Examined the relationship between gender, ethnicity, psychosocial stress and generalized distress in 593 Hispanic immigrants, Mexican Americans, and Anglo

Americans using the Hispanic Stress Inventory (HSI) of R. C. Cervantes et al (see PA, Vol 77:18716) and the Center for Epidemiologic Studies Depression Scale (CES-D). Immigrant females had higher scores on the Cultural/Family Conflict sub-scale of the HSI and on the CES-D than immigrant males. Also, higher levels of generalized distress and psychosocial stress associated with the immigration process were found among immigrants from Central America when compared with Mexican immigrants. Central Americans' stress appraisal ratings on specific HSI items related to premigration trauma were significantly higher than the ratings of Mexican immigrants.

Saxena, S. (1989). Diagnosis of refugees. American Journal of Psychiatry, 146(3), 410-411.

Responds to J. Westermeyer (see PA, Vol 75:20347). Findings of the present author et al (1983) suggest that somatization is less common and anxiety and depressive symptoms more common in refugees than in the population in their home country.

Schultz, S. L. (1982). How Southeast Asian refugees in California adapt to unfamiliar health care practices. Health and Social Work, 7(2), 148-156.

Interviewed 14 Southeast Asian refugees to determine their adjustment to Western medical care and to further illuminate the Vietnamese, Laotian, Cambodian, and Chinese health systems. It was noted, for example, that Buddhist monks treat mental health problems and ease family problems but are called upon only as a final recourse. The author stresses the role of the social worker in helping to resolve conflicts experienced by such clients over their adaptation to Western practices.

Siddharthan, K, & Sowers, H. K. (1989). Elders' attitudes and access to health care: A comparison of Cuban immigrants and native born Americans. Journal of Applied Gerontology, 8(1), 86-96.

Reports on a telephone survey of attitudes and access to health care by 1,216 randomly selected Cuban immigrants and native-born Americans (aged 60+ yrs) in southeast Florida. Findings indicate a need for bilingual educational materials to inform consumers of health support services available and ethnic-sensitive public health services for the indigent Cuban population.

Sokoloff, B, Carlin, J, & Pham, H. (1984). Five year follow up of Vietnamese refugee children in the United States. Clinical Pediatrics, 23(10), 565-570.

Investigated the physical, mental, and psychosocial health of 643 Vietnamese refugee children, most of whom were less than 1 yr old when they left Vietnam. Questionnaires were administered to adoptive families, foster families, and Vietnamese children living in the US with their family units. Otitis media, respiratory ailments, and varicella constituted a large number of their initial medical problems. Severe nightmares and temper tantrums occurred frequently during the 1st yr. Problems with excessive fears and jealousy were also noted. It was found that Ss' health and emotional problems improved markedly after the 1st yr. Sociocultural aspects of adjustment, such as peer and school adjustment and parental and community reactions, are described. It is noted that social and school problems were minimal for most Ss, especially those who were adopted, and that advance preparation and guidance given by the involved agencies appeared to be of significance in achieving these results.

Sorenson, S. B, & Golding, J. M. (1988). Prevalence of suicide attempts in a Mexican American population: Prevention implications of immigration and cultural issues. Suicide and Life Threatening Behavior, 18(4), 322-333.

Examined self-reported suicide ideation and suicide attempts among Mexican-Americans and non-Hispanic Whites (aged 18+ yrs), using the Diagnostic Interview Schedule. 706 Ss born in Mexico reported significantly lower age- and gender-adjusted lifetime rates of suicide thoughts than 538 Mexican-Americans born in the US, who reported significantly lower rates than 1,149 non-Hispanic Whites born in the US. Adjusted rates of suicide attempt were lowest among Mexican-Americans born in Mexico and higher among both Mexican-Americans and non-Hispanic Whites born in the US. Rates were not affected by degree of acculturation when immigration status was controlled.

Sorenson, S. B, Rutter, C. M, & Aneshensel, C. S. (1991). Depression in the community: An investigation into age of onset. Journal of Consulting and Clinical Psychology, 59(4), 541-546.

Age of onset of any lifetime depressive disorder was investigated to identify periods of the life course associated with increased risk of depression. In this large community-based sample of adults, one-fourth of those with a major depressive disorder at some point in their lives reported onset during childhood or adolescence; over one-half reported onset by age 25. Women were likely to have an earlier onset of depression than were men; non-Hispanic Whites and Mexican Americans born in the US reported earlier onset than did Mexican-American immigrants. Age of onset did not appear to be consequential in terms of the number, type, or severity of the

symptoms occurring during the worst depressive episode or with the probability of relapse. These findings imply that age of onset may contribute to group differences in prevalence rates.

Sorenson, S. B, & Telles, C. A. (1991). Self reports of spousal violence in a Mexican American and non Hispanic White population. Violence and Victims, 6(1), 3-15.

Obtained survey data from 1,243 Mexican Americans and 1,149 non-Hispanic Whites regarding their experiences of spousal violence. Questions to assess violence addressed both perpetration and victimization. Mexican Americans and non-Hispanic Whites reported nearly equal rates of hitting or throwing things at their spouse or a partner. Immigration status appeared to be an important factor in such violence among Mexican Americans: Mexican Americans born in the US reported rates 2.4 times higher than those born in Mexico. 31% of the most recent incidents reported by Mexico-born Mexican-American women involved the husband or partner. Ss who met criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) for lifetime mental disorder were more likely to be physically aggressive toward a spouse and were more likely to have been sexually victimized by an intimate.

Spadone, R. A. (1992). Internal external control and temporal orientation among Southeast Asians and White Americans. Special Issue: Cross cultural perspectives in occupational therapy. American Journal of Occupational Therapy, 46(8), 713-719.

Administered Rotter's Internal-External Locus of Control (LOC) Scale and a time reference inventory (TRI) to 29 Thai immigrants (aged 14-55 yrs), 31 age-matched Cambodian immigrants, and 28 age-matched White Americans to test the hypothesis that nonpatient Ss have an internal LOC and a strong future orientation, as predicted by G. Kielhofner's (1985) Model of Human Occupation. No differences were found with the LOC scale. Thai and White American Ss differed significantly on the TRI; Thai Ss selected more items referring to the past, and White Americans chose more statements applying to the present. All Ss had a greater past extension than future extension. A larger future time perspective may not be a requisite for functional temporal adaptation.

Spaulding, J. M. (1986). The Canton Asylum for Insane Indians: An example of institutional neglect. Hospital and Community Psychiatry, 37(10), 1007-1011.

Based on archival data, the author chronicles the history of the Canton, South Dakota, Asylum for Insane Indians, which was established in 1903 and closed in 1934 because of inadequate conditions. The diagnoses of patients, the treatment provided, the

conclusions of several evaluations of the hospital, and comparisons with contemporary institutions are discussed.

Straker, G, Moosa, F, & Sanctuaries, C. T. (1988). Post traumatic stress disorder: A reaction to state supported child abuse and neglect. Child Abuse and Neglect, 12(3), 383-395.

Describes a modified treatment program for posttraumatic stress disorder (PTSD) which was developed in working with a group of 60 refugees (aged 12-22 yrs) from South Africa's Black townships. Apartheid policies have exposed many youth to multiple trauma, including witnessing death, being arrested, being beaten, being in exile, and being separated from family and friends. PTSD treatment programs have to be modified to accommodate (1) the impossibility of guaranteeing even the physical safety of patients and (2) the fact that most Black youth are totally unfamiliar with the notion of the "talking cure." Systematic follow-up studies of the program's effectiveness were impossible, as many of those treated have gone into hiding to escape the continuing violence in their communities. However, there are indications that the program was successful in providing immediate relief. (French and Spanish abstracts)

Sutherland, J. E, & Et, A. (1983). Indochinese refugee health assessment and treatment. Journal of Family Practice, 16(1), 61-67.

Reports health data from 426 Southeast Asian refugees who have resettled in the US. Health problems were primarily selected contagious illnesses and stress syndromes with functional complaints. Counseling was necessary in 17% of adults and 4.7% of children for psychosomatic problems or psychiatric disorders. Physicians should become aware of cultural attitudes, the Asian holistic approach to health, and treatment acceptance among Indochinese patients.

Szapocznik, J, Daruna, P, Scopetta, M. A, & De, L. A. AranaLde, Maria. (1977). The characteristics of Cuban immigrant inhalant abusers. American Journal of Drug and Alcohol Abuse, 4(3), 377-389.

Studied the characteristics of 13 12-26 yr old Cuban immigrant inhalant abusers admitted to a Spanish family guidance clinic during a 1-yr period. A noninhalant comparison group of similarly aged patients was used. The inhalant group was found to be similar to inhalant abusers in the national picture. Inhalant Ss were all males, mostly very young, from very low socioeconomic levels, and from disrupted family backgrounds and disrupted neighborhoods. They showed poor school and/or

employment performance, serious antisocial behavior, and occasional hallucinatory experiences. They were found to be multiple substance abusers and were more likely to be characterized by a pattern of polydrug abuse than by their abuse of inhalants per se. This finding confirms a general national trend toward the abuse of multiple rather than single substances. A comparison of inhalers with the control group indicated that the 2 groups were similar. Both groups present general profiles of acting-out adolescents, and tended to come from low socioeconomic statuses, disrupted families, and poor neighborhoods.

Szapocznik, J, Kurtines, W. M, & Hanna, N. (1979). Comparison of Cuban and Anglo American cultural values in a clinical population. Journal of Consulting and Clinical Psychology, 47(3), 623-624.

Attempted to replicate an earlier study investigating cultural differences between Cuban immigrants and Anglo-Americans. Whereas the earlier study used a nonclinical adolescent population, the current study used 52 adults in outpatient treatment. Ss were given a biographical questionnaire and the Value Orientation scales. Results indicate that the groups differed in relational, temporal, and person-nature orientations, confirming previous findings and clinical observations.

Szapocznik, J, Scopetta, M. A, De, L. A. Aranalde, Maria, & KurTines, W. M. (1978). Cuban value structure: Treatment implications. Journal of Consulting and Clinical Psychology, 46(5), 961-970.

Discusses the relationship between cultural variables and psychosocial treatment. It is assumed that in order for psychosocial treatment to be acceptable and effective with a client population, it must be sensitive to the cultural characteristics of that population. The paradigm of planning therapy according to the cultural characteristics of a population is illustrated for Cuban immigrant adolescents. To investigate cultural variables, a Value Orientations Scale was developed based on the work of F. R. Kluckhohn and F. L. Strodtbeck (1961) using 220 Cuban immigrant, 65 White American, 28 Black American, and 12 non-Cuban Latin 15-77 yr old Ss. Four factorially derived subscales were obtained. When 56 Cuban immigrant and 152 Anglo-American adolescents were compared along the Value Orientations Scale, the Cubans tended to prefer lineality, subjugation to nature, present time, and not to endorse idealized humanistic values, whereas the Americans tended to prefer individuality, mastery over nature, future time, and to endorse idealized humanistic values. The implications of these value differences for the delivery of mental health treatment are discussed.

Szapocznik, J, Scopetta, M. A, & King, O. E. (1978). Theory and practice in matching treatment to the special characteristics and problems of Cuban immigrants. Journal of Community Psychology, 6(2), 112-122.

Considers that mutuality of patient-therapist expectations for treatment can be attained by adapting treatment to the special characteristics of, and focusing treatment on, the unique problems of client populations. Culturally sensitive treatment is defined as a treatment mode built on a set of therapeutic assumptions that complements the patients' basic value structure. The implications for treatment of Cuban immigrants' preference for lineality in interpersonal relationships, a present-time orientation, an activity orientation, and subjugation to natural and environmental conditions are discussed. Acculturation problems facing Cuban immigrant families and their implications for treatment are also discussed. It is concluded that Ecological Structural Family Therapy is a treatment of choice for acculturation-related dysfunctions of Cuban immigrant families.

Tobin, J. J, & Friedman, J. (1983). Spirits, shamans, and nightmare death: Survivor stress in a Hmong refugee. American Journal of Orthopsychiatry, 53(3), 439-448.

Examined the interaction of war, flight, relocation, and survivor stress in a 22-yr-old Laotian Hmong soldier resettled in Chicago in 1980. S experienced trouble breathing and sleeping after being settled into his 2nd apartment in the US. A well-respected Hmong shaman was able to alleviate these experiences through chanting and ritualism. As a veteran of traumatic combat experiences and as a survivor of a holocaust, S suffered acute anxiety, depression, and mild paranoia, as well as survivor guilt. S blamed his sleeping and breathing disturbances on evil spirits that haunted him because he had not followed all of the mourning rituals required when his parents died. His reasoning was indicative of the guilt he felt in leaving behind his friends and relatives in Laos and of the mourning he felt at the loss of his parents, fellow soldiers, and land and culture. Of the 50,000 Hmong refugees in America, 25 young men have died mysteriously in their sleep. It is hypothesized that these deaths are due to (1) a form of unconscious suicide mediated by a loss of self-respect, self-control, and the will to live or (2) some other cause, the pathological effects of which are shortness of breath and nightmares. This study suggests that survivors of a cataclysmic event may be burdened by guilt to a greater degree than has previously been acknowledged.

Tsui, A. M, & Sammons, M. T. (1988). Group intervention with adolescent Vietnamese refugees. Special Issue: Group work and human rights (Volume 1). Journal for Specialists in Group Work, 13(2), 90-95.

Describes a group intervention model developed by T. C. Owen (1985) and adapted by the present authors, which is based on primary prevention schemes for work with adolescent Vietnamese refugees. The model is specifically geared to address the special demands of higher-risk, unaccompanied minors. Cultural and therapeutic issues and concerns that are addressed include the following: placement in foster homes, culturally dystonic value systems and interactive modes, and assertiveness.

Uba, L, & Chung, R. C. (1991). The relationship between trauma and financial and physical well being among Cambodians in the United States. Journal of General Psychology, 118(3), 215-225.

Examined the relationship between trauma and financial and physical well-being of 590 Cambodian refugees (aged 18-68 yrs) living in the US. Trauma was defined by 3 variables: whether or not trauma had been experienced in Cambodia, the number of traumas experienced, and the number of years spent in refugee camps. It was hypothesized that these trauma variables would predict financial and physical health among these Ss. Significant relationships were found between the trauma variables and current employment status, and trauma predicted income and physical health. Ss' traumatic experiences may have affected their financial status independently of the effects of psychopathology. An unexpected finding was that Ss who experienced traumas that continue to disturb them were more likely to have higher incomes.

Vargas, W. G, & Cervantes, R. C. (1987). Consideration of psychosocial stress in the treatment of the Latina immigrant. Special Issue: Mexican immigrant women. Hispanic Journal of Behavioral Sciences, 9(3), 315-329.

Reviews extant literature on the provision of mental health services to Latinas and proposes that mental health services incorporate a psychosocial component. Latina immigrants are faced with multiple premigration stressors, including the loss of family and familiar surroundings, as well as postimmigration stressors associated with culture change. Case studies highlight critical points. The present authors provide baseline information on the psychosocial stressors, needs, and expectations most often encountered by mental health professionals in treating these women. (Spanish abstract)

Vega, W. A, Kolody, B, Valle, J. R, & Hough, R. (1986). Depressive symptoms and their correlates among immigrant Mexican women in the United States. Social Science and Medicine, 22(6), 645-652.

Examined correlates of depressive symptomatology and caseness, using data on 1,825 poor Mexican immigrant women taken from a larger cross-sectional survey in San

Diego County, California. The Center for Epidemiologic Studies--Depression (CES--D) checklist was tested against demographic variables, health status, and service utilization rates. Significant associations were found between CES--D and education, years in the US, income, marital status, and number of adults in household. Also significant were associations with health status, confidant support, and recent, traumatic life event. Utilization rates point to physicians as the major source of formal treatment and a heavy reliance on family and friends.

Vega, W. A, Kolody, B, & Valle, J. R. (1986). The relationship of marital status, confidant support, and depression among Mexican immigrant women. Journal of Marriage and the Family, 48(3), 597-605.

Examined the role of confidant support in moderating depressive symptoms among 1,915 low-income Mexican immigrant women (aged 35-50 yrs) in discrete marital statuses. Data on demographic variables, health status, and services utilization, as well as from the Center for Epidemiological Studies Depression Scale indicate that confidant support doubled the explained variance when added to an equation containing a best set of known demographic predictors of depression (i.e, income, education, marital status), suggesting that any explanatory model of depressive symptoms would be incomplete without considerations of social support. Ss in disrupted marriages showed higher levels of depressive symptoms than married Ss, while the never-married Ss' were lower.

Vega, W. A, Kolody, B, Valle, R, & Weir, J. (1991). Social networks, social support, and their relationship to depression among immigrant Mexican women. Human Organization, 50(2), 154-162.

Surveyed 679 Mexican immigrant women (aged 35-50 yrs) to identify characteristics of immigrant social networks and to determine how these characteristics are related to emotional support and personal distress. Social networks, including both friends and family, were available from the early stages of immigration. Interaction patterns indicate that friendship contacts were stable over time, and that family contacts increased with time. The most important source of emotional support was among relatives of the family of origin. Family emotional support and income were the 2 best predictors of depression. Conversely, social network contact was not related to depression, suggesting that emotional support depends on the type of role providers within interaction networks rather than on merely presence or absence of such a network.

Wehrly, B. (1988). Cultural diversity from an international perspective: II. Special Issue: Cross cultural counseling: The international context: III. Journal of Multicultural Counseling and Development, 16(1), 3-15.

Presents an overview of the backgrounds of 2 contemporary immigrant groups in the US, international students (ISs), particularly students from non-Western nations, and Indochinese refugees (IRs). Challenges to the counselor relating to these populations include stereotyping, the language barrier, getting individuals to seek counseling, and differing manifestations of psychological problems. The strengths of ISs and IRs are discussed. The inability of traditional US counseling practices to meet the needs of ISs and IRs is considered proof of the limitations of Western monocultural counseling practices. It is contended that true empathy should be based more on a counselor's interacting with differences than with similarities.

Weiss, B. S, & Parish, B. (1989). Culturally appropriate crisis counseling: Adapting an American method for use with Indochinese refugees. Social Work, 34(3), 252-254.

Discusses crisis interventions (CIs) with recent Indochinese refugees to the US and describes the Indochinese Mental Health Project (IMHP), which trained volunteer and professional counselors to provide culturally appropriate CIs. Earlier CI programs are summarized, and the structure and project outcomes of the IMHP are described (e.g. providing broker and advocacy services). Follow-up of the IMHP, which was discontinued in 1981, suggests that 3 factors contributed to the client-refugees' reintegration: (1) the counselor's recognition of the several stages of crisis; (2) awareness of the impact of each stage on refugees; and (3) nonjudgmental, nonauthoritarian, culturally appropriate CI methods.

Westermeyer, J. (1988). A matched pairs study of depression among Hmong refugees with particular reference to predisposing factors and treatment outcome. Social Psychiatry and Psychiatric Epidemiology, 23(1), 64-71.

Compared 15 Hmong (Laotian) refugees (aged 16+ yrs) with major depression with 15 Hmong controls matched for gender, age, marital status, and rural-urban origins. Relatively few premigration factors correlated with patient status. Numerous postmigration factors were strongly associated with patient status. While some of these were probably causative (e.g. sponsor characteristics), others probably resulted from stressful conditions (e.g. residence change), and some probably acted as both causes and effect (e.g. marital and health problems). As measured by self-rating scales, the

patients expressed considerably higher symptom levels prior to seeking treatment compared with controls. Two years later, the former patients reported fewer depressive symptoms than the controls.

Westermeyer, J. (1989). Paranoid symptoms and disorders among 100 Hmong refugees: A longitudinal study. Acta Psychiatrica Scandinavica, 80(1), 47-59.

Followed 100 ethnic Hmong refugees from Laos (aged 16+ yrs) over a decade since arrival in the US to determine the prevalence of paranoid symptoms and disorders in this population. Measures included the SCL-90, the Hamilton Rating Scale for Depression, and the Brief Psychiatric Rating Scale. Of 97 Ss who received follow-up psychiatric assessment, 8 had a paranoid delusional disorder in the 10 yrs since emigrating. Of the 6 who complied with treatment, 2 recovered completely and 4 were improved but still symptomatic. Topics discussed include preemigration vs postmigration factors in the genesis of refugee paranoia (PN), marital status and PN, and the risk of PN among various refugee groups.

Westermeyer, J. (1987). Prevention of mental disorder among Hmong refugees in the US: Lessons from the period 1976 1986. Social Science and Medicine, 25(8), 941-947.

Addresses the mental health effects of policies, procedures, and programs designed for refugees and evaluates the role of the US government in matters of refugee relocation and readjustment within its borders. Much of the actual implementation of policy and procedures is left to state governments and the mental health of refugees has been neglected or made worse by some state-initiated programs. Data on the Hmong refugees in the US are used to illustrate these policies. Federal policy limiting the number of persons in a migrating family, scattering refugees throughout the US, shifting responsibility from federal to state governments in 18-36 mo, and neglecting health and nutrition problems has affected refugees' mental health. Secondary and tertiary prevention for mentally disabled refugees is discussed.

Westermeyer, J. (1986). Two self rating scales for depression in Hmong refugees: Assessment in clinical and nonclinical samples. Journal of Psychiatric Research, 20(2), 103-113.

Compared 2 translated self-rating scales--the Self-Rating Depression Scale and the Depression scale of the SCL-90 (SCLD)--using 137 Hmong refugees. In a sample of 86 Ss, 15 were diagnosed as having major depression during the year following their self-rating, making possible a comparison of depressed and nondepressed Ss' scores.

A 2nd sample of 51 Hmong depressed psychiatric Ss was also assessed by 4 psychiatric rating scales and 2 measures of treatment intensity. In the 1st sample, both self-rating scales were highly intercorrelated and strongly associated with patient status. In the 2nd sample, only the SCLD showed correlation with psychiatric rating scales or with treatment variables. Results suggest strong reliability of both translated scales and the tendency for many symptoms (e.g. depression, anxiety) to occur concomitantly rather than distinctively.

Westermeyer, J, Callies, A, & Neider, J. (1990). Welfare status and psychosocial adjustment among 100 Hmong refugees. Journal of Nervous and Mental Disease, 178(5), 300-306.

Studied 100 adult Hmong refugees who had been in the US for 8 yrs to compare the 29 Ss currently on welfare with 71 Ss not on welfare. Indices of mental health were measured by a test battery and compared with current welfare status and the duration of time on welfare. Older mean age was associated with both welfare status and longer duration on welfare. Longer duration on welfare was associated with greater societal isolation and increased health concerns. A high proportion of welfare recipients had a current Axis 1 psychiatric diagnosis by the Diagnostic and Statistical Manual of Mental Disorders (DSM-III). Strategies that might help Ss' acculturation and occupational adjustment are suggested.

Westermeyer, J, Lyfoung, T, Wahmenholm, K, & Westermeyer, M. (1989). Delusions of fatal contagion among refugee patients. Psychosomatics, 30(4), 374-382.

Describes demographic and clinical characteristics of 30 Hmong refugees (aged 18-78 yrs) from Laos who presented with delusions. Psychotic depression was the most common diagnosis among the Ss with delusions of contagion. Some cases also occurred as a shared delusional disorder. Associated findings included isolation from the community, intrafamilial conflict, failure to acculturate, and sexual frustration or conflict. Most Ss responded to tricyclic medication, later supplemented in about half of the cases with a neuroleptic. This syndrome should be considered in cases of somatizing refugees who present repeatedly to medical facilities.

Westermeyer, J, Lyfoung, T, & Neider, J. (1989). An epidemic of opium dependence among Asian refugees in Minnesota: Characteristics and causes. British Journal of Addiction, 84(7), 785-789.

Indicates that opium smoking has reappeared in the US, introduced by Indochinese refugees in the early 1980s. The characteristics and opium use of 55 refugee addicts

are described. The factors contributing to a fertile situation for opium addiction are presented (i.e, failure to adjust to life in the US). Ss showed high rates of unemployment and illiteracy, possessed work skills irrelevant to US society, and continued to pursue traditional subsistence activities.

Westermeyer, J, Neider, J, & Vang, T. F. (1984). Acculturation and mental health: A study of Hmong refugees at 1.5 and 3.5 years postmigration. Social Science and Medicine, 18(1), 87-93.

Examined changes on self-reported symptoms among 83 Hmong refugees (aged 16+ yrs) in Minnesota over a 2-yr period. Premigration and postmigration factors were studied along with responses to the SCL-90 and a self-rating scale for depression. Findings show considerable improvement on psychiatric self-rating scales in the areas of depression, psychoticism, and phobic anxiety. Social changes over the 2-yr interim (including a high unemployment rate) were few. Earlier premigration and postmigration variables that were correlated with high symptom levels at 1.5 yrs such as older age, gender, and number of hospital visits in the US were not correlated with these symptoms at 3.5 yrs. Events in the acculturation process which accompany and perhaps account for some of these observations are indicated.

Westermeyer, J, Tou, F. V, & Neider, J. (1984). Symptom change over time among Hmong refugees: Psychiatric patients versus nonpatients. Psychopathology, 17(4), 168-177.

Investigated psychopathology and its course over time in 97 Laotian Hmong refugees in Minnesota. 17 psychiatric patients and 80 nonpatients were administered the Self-Rating Depression Scale and the SCL-90 and reassessed 2 yrs later. Ss were offered psychiatric services between assessments. Those who sought psychiatric care were compared with those who did not. The data indicated that, prior to receiving care, patients reported significantly more psychopathology than nonpatients on the Self-Rating Depression Scale and on 9 of 10 scales on the SCL-90. On the remaining scale of the SCL-90, patients showed more symptoms, but the difference was not statistically significant. The patients showed more improvement than the nonpatients between assessments. Overall, results indicate that Ss experienced the highest recorded 1-yr incidence rate (18%) of psychiatric disorder yet observed in any group of adults.

Westermeyer, J, Vang, T. F, & Neider, J. (1983). A comparison of refugees using and not using a psychiatric service: An analysis of DSM III criteria and self rating scales in cross cultural context. Journal of Operational Psychiatry, 14(1), 36-41.

Identified and collected data from all Hmong refugees in Minnesota and informed them of available psychiatric services. 97 16+ yr olds were administered the Self-Rating Depression Scale and the Symptom Checklist-90. Ss were also classified according to DSM-III criteria; 17 patients were identified. As anticipated, the most common clinical symptom involved depression, though the severity was greater than expected. The self-rating scales demonstrated that severe symptoms of some duration were present among the patients prior to their seeking care. Findings also indicate that the psychosocial stressors experienced by psychiatric patients, while considerable, were not appreciably different from those experienced by the entire group. It is suggested that the 1-yr incidence of psychiatric disorder was related to the severity of psychosocial stressors experienced by the patient group and the high level of symptoms experienced by the entire group. Also noted is the "reverberation phenomenon" in which patients commonly showed major signs of one syndrome and minor signs of one or several other syndromes.

Westermeyer, J, Vang, T. F, & Neider, J. (1983). Migration and mental health among Hmong refugees: Association of pre and postmigration with self rating scales. Journal of Nervous and Mental Disease, 171(2), 92-96.

To date, there have been no epidemiological studies of a refugee population using self-rating scales. This method was used in the present study of 97 Hmong refugees (average age 31 yrs) in Minnesota. Self-reported symptoms (on the Self-Rating Scale for Depression and the Symptom Check List-90) were compared with pre- and postmigration factors to assess those characteristics associated with increased symptom reporting. Relatively few premigration factors influenced these self-reports, whereas several postmigration factors were significantly correlated with symptoms (e.g. access to someone knowledgeable about both American and Hmong cultures; use of native healers). Findings suggest certain interventions that might enhance the adjustment of subsequent refugees.

Westermeyer, J, Vang, T. F, & Neider, J. (1983). Refugees who do and do not seek psychiatric care: An analysis of premigratory and postmigratory characteristics. Journal of Nervous and Mental Disease, 171(2), 86-91.

Social psychiatric research can provide information about the role of interpersonal and societal factors in the genesis of psychiatric disorder. This discipline relies heavily on "experiments in nature" that expose a large number of people to a potentially pathological social stimulus. It also depends on the study of nonpatients to serve as a comparative group for patients. Both conditions are met in the present study of Hmong refugees from Indochina. While the population and the event are esoteric, their experiences of sudden sociocultural change, geographic migration, role

discontinuity, identity crisis, and massive loss are common experiences among many psychiatric patients, regardless of their origin. The present prospective study of refugees to the US was undertaken among the Hmong population in Minnesota (N = 97; the majority aged 20-59 yrs) during 1977. Subsequently, 17 of this group became psychiatric patients over a 12-mo period. Pre- and postmigration factors associated with patient status are described, and hypotheses are offered regarding those postmigration experiences or social strategies that favored or prevented psychiatric status.

Williams, C. L. (1987). Issues surrounding psychological testing of minority patients. Hospital and Community Psychiatry, 38(2), 184-189.

Discusses the controversy surrounding the psychological testing of minorities and presents an overview of the historical origins of the issues. Specific discussions of the methodological issues related to the use of cognitive intellectual tests (e.g. the Wechsler Adult Intelligence Scale (WAIS)) and objective personality assessment (e.g. the Minnesota Multiphasic Personality Inventory (MMPI)) with minority groups are presented. Overall recommendations for testing members of minority groups, supported by case illustrations, are given. The cases include a 17-yr-old Laotian refugee girl referred for intellectual deficits that first appeared after she had a high fever at age 7 yrs and a 14-yr-old Hmong boy referred because of possible mental retardation and impulse-control problems.

Williams, C. L. (1985). The Southeast Asian refugees and community mental health. Journal of Community Psychology, 13(3), 258-269.

Summarizes the descriptive information currently available to community mental health workers about the Southeast Asian refugees. A brief overview of what is known about mental health and migration and refugee status is followed by a consideration of the psychological adjustment of the Southeast Asian refugees and a description of recent mental health intervention strategies for this population. It is argued that community mental health can play an important and needed role in providing services to Southeast Asians and other refugee groups. Students in mental health training need both didactic and practicum experiences in working in cross-cultural settings, and more attention is needed in the training and use of indigenous paraprofessionals. Educational programs about the refugee's culture and ways to foster adjustment, as well as efforts to encourage interaction among the host community and refugees, are also needed.

Wong, V. E. (1981). Art therapy as a tool in the acculturation of the immigrant mental patient. Pratt Institute Creative Arts Therapy Review, 2, 46-51.

Hypothesized that an immigrant goes through stages of individuation-separation similar to those passed through by an infant during individuation and separation from the mother. The immigrant, like the infant, must pass through a process of acculturation. Art therapy as an aid to the acculturation process of 6 Puerto Rican immigrants is presented, and the imagery of the Ss is compared to that of native mainland Americans. The use of the collage technique with a 42-yr-old male Puerto Rican immigrant who exhibited symptoms of chronic depression is also discussed.

Yeung, W. H, & Schwartz, M. A. (1986). Emotional disturbance in Chinese obstetrical patients: A pilot study. General Hospital Psychiatry, 8(4), 258-262.

Investigated the level of psychiatric morbidity in Chinese obstetrical patients to examine the assumption that Chinese living in the US have less need for mental health services. 124 immigrant Chinese women (aged 17-39 yrs) completed the General Health Questionnaire (GHQ) and received a standard clinical psychiatric assessment. Results show that 23% received Diagnostic and Statistical Manual of Mental Disorders (DSM-III) diagnoses, an amount similar to that found in other studies in the general population. Recent immigrants were overrepresented among high GHQ scorers and among Ss who received DSM-III diagnoses. Findings demonstrate that Chinese immigrants facing acculturation experience emotional distress.

Ying, Y. W. (1992). Life satisfaction among San Francisco Chinese Americans. Social Indicators Research, 26(1), 1-22.

Investigated variables that predict life satisfaction (LS) in a group of 142 San Francisco Chinese-Americans (aged 19-85 yrs) by using the A. Campbell et al (1976) model of life quality. While objective demographic variables failed to make a significant contribution, satisfaction level with life domains examined (i.e, work, health, marriage/singlehood, friendship, and biculturality) accounted for 37% of the variance in LS, with all but the combined work domain satisfaction score emerging as significant predictors of overall LS. Subgroup analyses reveal biculturality satisfaction as the most powerful predictor of LS in immigrants, but not in American-borns, for whom level of friendship satisfaction is most predictive of life quality.

Yu, E. S. (1980). Chinese collective orientation and need for achievement. International Journal of Social Psychiatry, 26(3), 184-189.

Attempted to replicate the findings of D. C. McClelland et al (1953, 1958) on the arousal of need for achievement (nAch) motive by means of the TAT, and contrasted the effectiveness of individual vs collective orientation in eliciting the nAch of 401 Chinese 14-16 yr olds. Ss were given a poem transposition task and the TAT, and 4 types of experimental conditions were induced among the Ss: relaxed, neutral, individual failure, and collective failure. Results indicate that the individual failure condition, as employed by McClelland et al, was not particularly salient in arousing nAch in the present Ss. Instead, Ss responded most favorably when (1) the achievement demands were least overt and (2) they were impressed with the significance of their performance on a larger collectivity than the self. It is concluded that the concepts of independence and individualism, so strongly emphasized and highly valued in the American culture, are alien to Chinese students socialized in the traditional manner to stress interdependence and affiliation.

Zepeda, R. (1986). Hispanic program Careunit Hospital of Los Angeles. Journal of Substance Abuse Treatment, 3(2), 135-137.

Discusses a Spanish-language interdisciplinary inpatient program for the treatment of alcoholism and chemical dependency. The main focus of the program is an educational approach to the patient, with an emphasis on cultural mores and values. The operation of the program is considered in relation to the incidence of alcoholism among Hispanic immigrants to the US, acculturation problems, and language issues.

APPENDIX F

TREATMENT CONSIDERATIONS WITH CULTURALLY DIVERSE POPULATIONS:

INTELLIGENCE MEASURES

TREATMENT CONSIDERATIONS WITH CULTURALLY DIVERSE POPULATIONS:

Assessment: Intelligence Measures

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Barona, A, & Chastain, R. L. (1986). An improved estimate of premorbid IQ for Blacks and Whites on the WAIS R. International Journal of Clinical Neuropsychology, 8(4), 169-173.

Presents an improved method for estimating premorbid IQ for Blacks and Whites on the Wechsler Adult Intelligence Scale--Revised (WAIS--R) that uses demographic variables of education, race, sex, occupation, geographic region, urban-rural residence, and age. The method was derived using data from 1,433 Ss from the standardization sample (D. Wechsler, 1981). A hypothetical case illustrates how premorbid IQ estimates can be derived. Potential uses of these estimates are also provided.

Bersoff, D. N. (1982). Larry P. and PASE : Judicial report cards on the validity of individual intelligence tests. Child and Youth Services, 5(1-2), 101-120.

Discusses 2 recent decisions concerning challenges by Black schoolchildren to the validity and cultural fairness of standardized, individually administered intelligence tests: Larry P. v Riles and PASE v Hannon. The specific outcomes of the 2 decisions are diametrically opposed, but both have relevance for the functioning of psychologists and for assessment practices. A critical analysis of each court's reasoning concerning the central issue of cultural bias is presented. It is concluded that these decisions reveal the complexity and contraversality of the issue of cultural bias, particularly with regard to its effect on prediction and selection.

Borkowski, J. G, Krause, A, & Maxwell, S. E. (1985). On multiple determinants of racial differences in intelligence: A reply to Jensen. Intelligence, 9(1), 41-49.

Responds to a criticism by A. R. Jensen (see PA, Vol 73:1186) of an earlier paper by the present authors (see PA, Vol 72:6277). It is argued that although perceptual efficiency is related to race-IQ differences, a broader, multidimensional conceptualization of the nature and growth of intelligence is warranted.

Camara, R. P. S, & Fox, R. (1983). Impulsive versus inefficient problem solving in retarded and nonretarded Mexican children. Journal of Psychology, 114(2), 187-191.

12 retarded (mean CA 122.3 mo; mean MA 67.4 mo; mean IQ 55.6) and 12 nonretarded (mean CA 118.3 mo; mean MA 110.3 mo; mean IQ 94) Mexican-American children were administered the Matching Familiar Figures Test (MFFT). Results indicate that the MFFT was appropriate for use with both S groups.

Comparisons between groups showed retarded Ss to be less-efficient information processors than nonretarded Ss. The 2 groups did not differ in cognitive style. Cross-cultural comparisons of MFFT scores with normative data on American children are described within the constraints of the restrictive characteristics of the Mexican-American sample.

Conry, J. (1990). Neuropsychological deficits in fetal alcohol syndrome and fetal alcohol effects. Alcoholism Clinical and Experimental Research, 14(5), 650-655.

Compared 13 children (aged 6.4-18.5 yrs) in a native community diagnosed with fetal alcohol syndrome (FAS) and 6 native children (aged 5.2-11.4 yrs) with fetal alcohol effects (FAE) with matched normal controls (CTLs). The test battery included the Wechsler Intelligence Scale for Children--Revised (WISC--R), Peabody Picture Vocabulary Test--Revised (PPVT--R), and sensorimotor tasks. There were significant differences between both groups of alcohol-affected Ss and CTLs. FAS Ss differed significantly from CTLs on measures of intellectual abilities, while FAE Ss did not; FAS Ss' mean scores on these measures were significantly lower than FAE Ss' means. For neuropsychological measures, FAS Ss were significantly poorer than CTLs on most measures, while FAE Ss showed deficits compared with CTLs only on grip strength. Neuropsychological measures may be a valuable supplement to intellectual measures for assessing alcohol effects because they are less vulnerable to the influence of cultural and educational experiences.

Covin, T. M. (1976). Comparison of Slosson and Peabody IQs among candidates for special education. Psychological Reports, 39(3, Pt 1), 814.

Three White female examiners individually administered the Peabody Picture Vocabulary Test, Forms A and B, and the Slosson Intelligence Test to 50 Black and White 72-132 mo olds who were suspected of being mentally retarded. Product-moment correlations between the Slosson and Peabody Forms A and B were .41 and .51, respectively. Correlations and t s were computed for stratifications by race and by sex.

Craig, R. J, & Olson, R. E. (1988). Relationships between Wechsler Scales and Quick Test IQs among disability applicants. Professional Psychology Research and Practice, 19(1), 26-30.

Relationships, including age, race, sex, and IQ level, between the Wechsler intelligence scales for children and adults (WISC, WISC--R, WAIS, WAIS--R) and the Quick Test (QT) were studied among 280 applicants for disability benefits in a

private practice setting. Results were as follows: (a) The QT was more strongly related to the WAIS/WAIS--R than to the WISC--R; (2) although correlations between QT and the WAIS were higher for Blacks than for Whites, this bias disappeared with the WAIS--R; (3) the QT correlated slightly more highly for female subjects with the WAIS--R than for male subjects; and (d) all correlations between the QT and the WAIS--R were consistently higher than correlations between the QT and the WAIS. We conclude that the QT underestimates the WISC--R IQs by an average of 5 IQ points but provides a good approximation of WAIS--R IQs both for Blacks and Whites and for male and female subjects. This study also demonstrates that psychologists in private practice settings can use the product of their day-to-day work to investigate important questions that require empirical answers, which, in turn, can influence clinical practice.

Cremins, J. J. (1981). Larry P. and the EMR child. Education and Training of the Mentally Retarded, 16(2), 158-161.

Reviews Judge Peckham's decision in Larry P. vs Riles, which enjoined the use of standardized IQ tests on Black children for the purpose of educable mentally retarded placement unless the court gives prior approval to the testing. While this decision applies only in California, the potential precedent-setting nature of this decision is discussed. An ecologically oriented classification system is presented as an alternative service delivery model.

Davis, T. M, & Rodriguez, V. L. (1979). Comparison of WAIS and Escala de Inteligencia Wechsler para Adultos scores in an institutionalized Latin American psychiatric population. Journal of Consulting and Clinical Psychology, 47(1), 181-182.

Vocabulary and Block Design subtests of the WAIS and its Puerto Rican counterpart, the Escala de Inteligencia Wechsler para Adultos (EIWA), were compared in a chronic population of 42 hospitalized Latins and Trans-Caribbean Blacks. A matched sample of 12 English and Spanish speakers was administered the WAIS and the EIWA subtests, respectively. A sample of bilingual Latins was administered the EIWA and the WAIS subtests in a systematically counterbalanced order. In both designs, EIWA scores were significantly higher than WAIS scores. The assumption of equivalence of EIWA and WAIS estimates is questioned.

Dean, R. S. (1982). Intelligence achievement discrepancies in diagnosing pediatric learning disabilities. Clinical Neuropsychology, 4(2), 58-62.

Investigated the similarity of standardized measures of intelligence and achievement in light of their use in diagnosing children's learning disorders. Test scores for 100 Mexican-American children (mean age 10.96 yrs) and 100 Anglo children (mean age 10.33 yrs) on the Peabody Individual Achievement Test (PIAT) and the WISC-R were related using canonical correlation analysis for each group. Two significant correlations emerged for both groups. While some minor fluctuations in coefficients for canonical variables occurred between groups, an R -sub(c) above .90 for both ethnic groups showed that over 60% of the reliable variance of the PIAT was redundant with 35% of the Verbal subtest variance of the WISC-R. Implications for diagnosing learning disabilities from an ability/achievement model are discussed.

DeVault, S, & Long, D. (1988). Adaptive behavior, malingering and competence to waive rights: A case study. Fourth Annual Symposium of the American College of Forensic Psychology (1988, Palm Springs, California). American Journal of Forensic Psychology, 6(3), 3-15.

Presents a case in which a Native American adult male defendant was charged with assault following the hospitalization of a 20-mo-old daughter of his live-in girlfriend. After the child died he was charged with 2nd-degree murder. Discussion revolves around the defendant's ability to waive his rights under the Miranda standard and various psychological evaluations to which the S had been subjected. Points considered include (1) the failure of psychological evaluations to consider adaptive behavior in their formation of a diagnosis of mental retardation, (2) the assessment of IQ in minority groups, and (3) evidence of malingering on the part of the defendant. The defendant was eventually convicted of 2nd-degree murder; the jury apparently accepted his confession as having been competently given and validly obtained.

Diener, R. G, & Maroney, R. J. (1974). Relationship between Quick Test and WAIS for black male adolescent underachievers. Psychological Reports, 34(3, Pt 2), 1232-1234.

Although the Quick Test underestimated Wechsler Adult Intelligence Scale (WAIS) IQs at the lower ranges of intelligence, it approximated WAIS IQs adequately as the average range was approached. It is recommended that a regression equation based on local norms be computed to minimize the risk of misclassifying black male adolescent underachievers.

Edinger, J. D, & Et, A. (1979). The utility of Wechsler Adult Intelligence Scale profile analysis with prisoners. Journal of Clinical Psychology, 35(4), 807-814.

Determined the efficacy of profile analysis with a prison population (63 White, 63 Black, 17-26 yrs old) of the Petersburg Federal Correctional Institution as Ss. By use of D. J. Veldman's Hierarchical Profile Analysis, 5 distinctive WAIS profile types were derived empirically for each racial group. Analyses of covariance that controlled for full-scale IQ differences revealed significant differences among the profile types within each race in terms of Stanford Achievement Test scores and MMPI T-scores. Further, partial correlations independent of full-scale IQ revealed significant relationships between some of the profile types and the commission of rule infractions while incarcerated. Findings are supportive of profile analysis with inmate populations; however, it is suggested that further research be effected to cross-validate the findings and that behavior other than rule infractions be included.

Elliott, S. N, & Boeve, K. (1987). Stability of WISC R IQs: An investigation of ethnic differences over time. Educational and Psychological Measurement, 47(2), 461-465.

Examined the 3-yr stability of Wechsler Intelligence Scale for Children--Revised (WISC--R) IQs for 168 White, Black, and Mexican-American handicapped males (aged 5-6 yrs). Ss had been categorized as learning disabled, behaviorally impaired, educable mentally retarded, or unclassified. Results show no significant differences in mean IQs across the 3 groups, although over the 3-yr test-retest period, WISC--R Verbal and performance IQs were observed to vary significantly. Verbal IQs decreased by an average of 2 points, while Performance IQs increased by an average of nearly 3 points. It is concluded that the influence of 3 yrs' time on intelligence test performance was clinically insignificant.

Elliott, S. N, & Et, A. (1985). Three year stability of WISC R IQs for handicapped children from three racial/ethnic groups. Journal of Psychoeducational Assessment, 3(3), 233-244.

Investigated the long-term stability of Wechsler Intelligence Scale for Children--Revised (WISC--R) IQs (Full Scale, Verbal, and Performance) for male and female Ss from 3 racial or ethnic groups (115 male and 60 female Anglos, 39 male and 28 female Mexican-Americans, and 100 male and 40 female Blacks). The 3-yr stability coefficients for the Ss compared well with those established with a 3-wk interval during the standardization of the WISC--R. Specific findings indicated that Anglo Ss' IQs were significantly more stable than those of Blacks on all 3 IQ scales

and also more stable than those of Mexican-Americans on the Performance and Full Scales. Sex of the S had minimal influence on test score stability; only females' Verbal performances resulted in significantly larger stability coefficients than those of males. These and other results are discussed from educational, developmental, and psychometric perspectives.

Fourqurean, J. M. (1987). A K ABC and WISC R comparison for Latino learning disabled children of limited English proficiency. Journal of School Psychology, 25(1), 15-21.

Examined the performance of 42 Mexican-American learning-disabled children (aged 6-12.5 yrs) of limited English proficiency on the Kaufman Assessment Battery for Children (K-ABC) and the Wechsler Intelligence Scale for Children--Revised (WISC--R), using correlational procedures and direct comparisons. Results show that (1) the WISC-R Full Scale IQ was significantly lower than the K-ABC Mental Processing Composite; (2) the Full Scale IQ and the Mental Processing Composite standard scores correlated .63; and (3) all subscales of the WISC-R and the K-ABC correlated significantly except the K-ABC Sequential scale, which failed to correlate significantly with any WISC-R scales. Ss had particular difficulty with the WISC-R Verbal scale and the K-ABC Achievement scale (means = 68.14 and 67.67, respectively). It is concluded that claims of construct validity for the K-ABC are upheld. Ss' difficulty with sequential processing is discussed.

Galbraith, G, Ott, J, & Johnson, C. M. (1986). The effects of token reinforcement on WISC R performance of low socioeconomic Hispanic second graders. Behavioral Assessment, 8(2), 191-194.

15 Hispanic 2nd graders were administered the Wechsler Intelligence Scale for Children--Revised (WISC--R) under standard conditions, and another 15 were given the test in a condition in which they earned tokens immediately following each correct response. The token reinforcement group scored significantly higher on both Full Scale IQ (11 points) and Performance scale (13 points) and marginally higher on the Verbal scale (8 points) than the standard administration group. Findings are discussed in terms of predictive validity and motivational differences between social classes and ethnic groups.

Geary, D. C, & Whitworth, R. H. (1988). Dimensional structure of the WAIS R: A simultaneous multi sample analysis. Educational and Psychological Measurement, 48(4), 945-956.

A 2-step procedure was used to evaluate the dimensional structure of the Wechsler Adult Intelligence Scale--Revised (WAIS--R). The 1st step involved the assessment of the goodness-of-fit of various, and 3-factor models of the WAIS-R, by using confirmatory factor analytic procedures, for a sample of 200 Anglo-American adults. A 3-common-factor solution provided the best fit for the Anglo sample data: Verbal Comprehension, Perceptual Organization, and Freedom from Distractability. Using the just cited model, the 2nd step employed a simultaneous multisample confirmatory factor analysis and evaluated the equality of factor solutions for the Anglo sample and an additional sample of 200 Mexican-American adults. The factor solutions were invariant across the 2 samples. Implications for the assessment of abilities underlying performance on the WAIS-R are discussed.

Goldstein, G, & Et, A. (1983). Withdrawal seizures in Black and White alcoholic patients: Intellectual and neuropsychological sequelae. Drug and Alcohol Dependence, 12(4), 349-354.

The 2nd author and colleagues (see PA, Vol 71:1660) found that White alcoholics with histories of withdrawal seizures did not demonstrate neuropsychological differences from White alcoholics without such histories. However, the apparently higher incidence of withdrawal seizures among Blacks noted during the screening of Ss raised the question of whether the consequences of the seizure history might be different among Blacks. This issue was addressed in the present study in which the Halstead-Reitan Neuropsychological Test Battery, including the full WAIS, was administered to 22 White and 20 Black male alcoholic inpatients. Half of each group had a history of withdrawal seizures, while the other half did not. The mean ages of Blacks with and without seizures were 44.10 and 39.80 yrs, respectively; the mean ages of Whites with and without seizure were 47.55 and 43.46 yrs, respectively. Results show that Blacks with seizure histories performed substantially worse than Blacks without such histories; these differences were not observed among Whites, confirming previous findings. Regardless of race, performance on the Picture Arrangement Subtest of the WAIS was worse for the Ss with than those without seizures.

Goldstein, H. S, & Gershansky, I. (1976). Psychological differentiation in clinic children. Perceptual and Motor Skills, 42(3, Pt 2), 1159-1162.

In a clinic population the relationship between children's perceptual differentiation as measured by the rod-and-frame test (RFT) and their self-concept differentiation as evidenced in their human figure drawings (Draw-a-Person Test, scored using a Body Sophistication Scale) was studied. In addition, the WISC Vocabulary Subtest was employed. Ss were 140 Black and 38 White 8-15 yr olds making an initial visit to a

child guidance clinic. The relationship between perceptual differentiation and self-concept differentiation was significantly positive only for White females with a father present. Vocabulary and RFT were positively correlated for the Black and White Ss while vocabulary and the body-sophistication scores were significantly related for Black males and White females with a father present. Differentiation may then appear in a variety of patterns in different populations.

Gomez, F. C, Piedmont, R. L, & Fleming, M. Z. (1992). Factor analysis of the Spanish version of the WAIS: The Escala de Inteligencia Wechsler para Adultos (EIWA). Psychological Assessment, 4(3), 317-321.

The standardization of the EIWA and the original Wechsler Adult Intelligence Scale (WAIS) were subjected to principal-components analysis to examine their comparability. The robustness of the overall intelligence dimension for the EIWA was supported. A 2-factor solution provided a clear interpretive structure representing the Verbal and Performance scales. A 3-factor solution was not seen as interpretively or statistically viable. Congruence coefficients were .99 for a single factor and .96 and .97 for 2 factors. The similarity of the EIWA and WAIS factor structure was supported. Clinical implications are discussed.

Grace, W. C. (1986). Equivalence of the WISC R and WAIS R in delinquent males. Journal of Psychoeducational Assessment, 4(4), 257-262.

55 Black and White male delinquents were randomly assigned to take either the Wechsler Intelligence Scale for Children--Revised (WISC--R) or the Wechsler Adult Intelligence Scale--Revised (WAIS--R). The 2 tests did not show significant differences in mean Verbal, Performance, or Full Scale IQs, but a Test by Race interaction consistently suggested that the scores of Blacks were lower on the WISC--R than on the WAIS--R disproportionately to Whites. Greater mean Performance IQ minus Verbal IQ differences were seen on the WISC--R than on the WAIS--R, and frequency analysis revealed a greater number of Ss with a significant Performance minus Verbal difference on the WISC--R. Results suggest that use of the WAIS--R may be preferable to use of the WISC--R in 16-yr-old delinqent males. The possibility of racial bias in the WISC--R should be considered.

Grubb, H. J. (1987). Intelligence at the low end of the curve: Where are the racial differences? Journal of Black Psychology, 14(1), 25-34.

Examined the racial-genetic theory concerning Black-White IQ differences by analyzing data on the occurrence of profound and severe mental retardation in Black

and White populations in 3 states. Results do not uphold genetic-based assumptions. There was no significant difference between (1) the percentage of either group in the total population and in the mentally retarded sample and (2) the Black to White total population ratio and the Black to White mentally retarded sample ratio. Results suggest that the average lower performance of Blacks on standardized IQ tests is not genetically linked and that the normal distribution of IQ scores cannot be assumed to be a true model of the Black populations' intellectual behavior.

Guttman, L. (1992). The irrelevance of factor analysis for the study of group differences. Multivariate Behavioral Research, 27(2), 175-204.

Comments on how A. R. Jensen's (see PA, Vol 73:18910) conceptualization and treatment of each of 3 hypotheses require basic revision. The hypotheses are characterized as involving (1) a single common factor for intelligence test scores, (2) the relationship between group differences and test scores and the factor structure of these scores, and (3) reaction time (RT) as related to the nature of g. It is suggested that Jensen has distorted the basic concepts of factor analysis, produced empirical data that are superfluous, and overlooked the known cylindrical portrayal of the Wechsler Intelligence Scale for Children (WISC) correlation matrices.

Guy, D. P. (1977). Issues in the unbiased assessment of intelligence. School Psychology Review, 6(3), 14-23.

Discusses several questions related to the validity of standardized testing. It is suggested that differences in IQ scores between Blacks and Whites may be attributable to biculturalization. Another possible cause of variance is differences in background and heritability; however, additional study is necessary in this area. The effect of cultural bias on the IQ scores of minority group testees is also discussed, along with the question of the effect of interviewer-examinee interaction on the scores of participants. It is suggested that interaction may be responsible for considerable variability in scores among groups. Another possible cause of IQ score differences is the effect of malnutrition upon testees. The question of inherent differences in mental ability among Ss with different racial backgrounds is addressed, and a review of research studies in this area suggests that racial and ethnic groups are different in their general levels of ability and in their mental ability patterns.

Haddad, F. A. (1986). The performance of learning disabled children on the Kaufman Assessment Battery for Children and the Bender Gestalt Test. Psychology in the Schools, 23(4), 342-345.

Results of the Kaufman Assessment Battery for Children (K-ABC) and Bender-Gestalt Test (BGT) were compared for a sample of learning disabled (LD) children (mean age 9 yrs) that included 24 Blacks and 24 Whites. A nonsignificant difference was found between the mean scores of the K-ABC Sequential and Simultaneous scales. A significant correlation coefficient was found between the K-ABC Simultaneous scale and the BGT error score. A nonsignificant correlation coefficient was found between the K-ABC Sequential scale and the BGT error score. It is concluded that LD children generally utilize simultaneous processing to complete the design copying of the BGT and that the results of the BGT add a pencil-and-paper component and complement the results and interpretation of the Simultaneous scale of the K-ABC.

Hatch, G. L, & Covin, T. M. (1977). Comparability of WISC and Peabody IQs of young children from three heterogeneous groups. Psychological Reports, 40(3, Pt 2), 1345-1346.

Peabody Picture Vocabulary Test and WISC IQs of 3 groups of children from differing socioeconomic status (SES) levels and/or intellectual levels were compared. For the total sample of 67, correlations of .88, .88, and .91 were obtained between the Peabody and WISC Verbal, Performance, and Full Scale IQs, respectively. The Peabody IQs correlated .74 with the WISC Full Scale for the middle-range of intelligence (kindergarten). Those of higher SES in a child study center showed the highest correlation .57 between Peabody and WISC Performance Scale IQs. For more deprived children from Headstart IQs on the Peabody and WISC Verbal Scale correlated .63.

Hays, J. R, & Smith, A. L. (1980). Comparison of WISC R and Culture Fair Intelligence Test scores for three ethnic groups of juvenile delinquents. Psychological Reports, 46(3, Pt 1), 931-934.

Culture Fair Intelligence Test (CF) and WISC-R scores were obtained from 116 juvenile delinquents (41 Whites, 46 Blacks, 30 Mexican Americans). There were significant differences among the ethnic groups for the WISC-R Full Scale, Verbal, Performance, and CF IQ scores. Pearson correlations between WISC-R scores and the CF scores for the combined groups were generally significant, ranging from .58 to .64. The CF provides a rapid screening device for intellectual ability which more nearly equates the IQs of the 3 ethnic groups. For a complete assessment of intellectual capacity with ethnic minorities, both the CF and WISC-R should be used.

Hilliard, A. G. (1983). IQ and the courts: Larry P. vs Wilson Riles and PASE vs Hannon. Journal of Black Psychology, 10(1), 1-18.

Presents a brief history and a comparative analysis of 2 recent major Federal court cases on standardized IQ testing and Black children: Larry P. vs. Wilson Riles and PASE vs. Hannon. Some major implications of the 2 court decisions and a pending appeal are discussed. Shortcomings of the 2 court battles are cited and future directions for IQ psychometry and education are suggested.

Hiltonsmith, R. W, Hayman, P. M, & Ursprung, A. W. (1982). Beta WAIS comparisons with low functioning minority group offenders: A cautionary note. Journal of Clinical Psychology, 38(4), 864-866.

Investigated the utility of the Revised Beta Examination (RBE) as a screening device for low-functioning minority-group criminal offenders. 47 20-42 yr old Black and Hispanic offenders who scored below 85 on the RBE were administered the WAIS. Mean scores for this sample were mildly correlated. The means were not comparable; Ss scored lower on the RBE than on the WAIS. This finding contradicts prior research and suggests caution in using the RBE as a screening device with this population.

Humphreys, L. G. (1985). Attenuated hypothesis or attenuated test of hypothesis? Intelligence, 9(3), 291-295.

Responds to A. R. Jensen's (see PA, Vol 73:23502) criticisms of the present author's (see PA, Vol 73:23501) refutation of Jensen's (1980) assertion that racial differences in IQ test performance are related to the tests' loading on general intelligence rather than to the effects of socioeconomic or other environmental influences on testees.

Humphreys, L. G. (1992). Commentary: What both critics and users of ability tests need to know. Psychological Science, 3(5), 271-274.

Uses a question-and-answer format to present a generalized description of the items on IQ tests, the correlates of the total scores on those items, and Black-White group differences. Test items measure such components as information, knowledge, and understanding; such items are culturally loaded. The general factor among items cannot represent a basic biological capacity because it is defined by phenotypic observations. Evidence shows improvement in Black performance on IQ tests in recent years, with gains in reading being largest and those in science smallest. IQ tests are equally predictive of Black and White criterion performance.

Humphreys, L. G. (1985). Race differences and the Spearman hypothesis. Intelligence, 9(3), 275-283.

Reviews published data and presents new data relevant to the Spearman hypothesis, as presented by A. R. Jensen (1980), concerning the racial differences on cognitive tests of Black and White Americans. In the published data, correlation between the profiles of low and high socioeconomic status (SES) Whites became -.90 when sex, area of the country, and grade/age were controlled. This nearly mirror-image relationship suggests that the residual across-the-board difference between the 2 groups is primarily on the general factor in intelligence. In contrast, the same correlation between Blacks and the low SES Whites was only -.19. This indicated not only independence of the profiles but the presence of multiple causes of differences in addition to a possible contribution of the general factor. These interpretations were confirmed by obtaining correlations between general factor loadings and group differences through reanalysis of data from a study by the author and colleagues (see PA, Vol 57:1254). For the SES, dichotomy in Whites in this correlation was .86. For Blacks and the low SES Whites it was .17. The correlation between the 2 distributions of differences was .42. The Spearman hypothesis appears to apply primarily to differences in SES rather than race.

Jensen, A. R. (1985). Humphrey's attenuated test of Spearman's hypothesis. Intelligence, 9(3), 285-289.

States that L. G. Humphreys's (see PA, Vol 73:23501) test of the present author's (1980) depiction of Spearman's hypothesis (that the size of the standardized Black-White difference on various psychometric tests is positively related to the tests' loadings on the general intelligence factor) is methodologically weak because of its use of unorthodox statistical procedures and its comparison of a fairly representative sample of Black US schoolchildren with a sample representing the lowest 15-20% of Whites in socioeconomic status (SES).

Jensen, A. R. (1985). The nature of the Black White difference on various psychometric tests: Spearman's hypothesis. Behavioral and Brain Sciences, 8(2), 193-263.

Examines the differences between Black and White populations on standard IQ tests in terms of C. Spearman's (1927) hypothesis that the varying magnitude of the mean difference between Blacks and Whites is directly related to the size of the test's loading on g, the general factor common to all complex tests of mental ability. The g factor is correlated with measures of information-processing speed. Spearman's hypothesis was tested with 11 large-scale studies, each of which included 6-13 tests of mental ability that were administered to Blacks and Whites. In accord with Spearman's hypothesis, the average Black-White difference on mental tests may be interpreted as a difference in g rather than as a difference in knowledge, skill, or type of test. Results

suggest that the differences between Blacks and Whites in the rate of information processing may account for a part of the average Black-White difference on standard IQ tests and their educational and occupational correlates. 29 peer commentaries are offered by 32 authors on such topics as information processing, minority assessment, and artificial intelligence; the author responds.

Jensen, A. R. (1985). Race differences and Type II errors: A comment on Borkowski and Krause. Intelligence, 9(1), 33-39.

J. G. Borkowski and A. Krause (see PA, Vol 72:6277) concluded that the Black-White difference observed on IQ tests is ascribable to differences in higher-level metaprocesses, not to differences in elementary cognitive processes. The present author argues that Black-White differences are comparable in measures of both types of cognitive processes.

Jensen, A. R, & Faulstich, M. E. (1988). Difference between prisoners and the general population in psychometric g. Personality and Individual Differences, 9(5), 925-928.

Examined R. A. Gordon's (1987) finding that White and Black prison inmates differed from the general population mainly on the g factor of the Wechsler Adult Intelligence Scale--Revised (WAIS--R). Ss were 187 Black and 88 White inmates. It is suggested that the higher WAIS--R performance than verbal subtest scores typically found in criminals is a weak effect when g is removed.

Johnson, C. M, Bradley, J. S, McCarthy, R, & Jamie, M. (1984). Token reinforcement during WISC R administration: II. Effects on mildly retarded, Black students. Applied Research in Mental Retardation, 5(1), 43-52.

In Exp I, 20 mildly retarded, low SES Black children (aged 6 yrs 6 mo to 12 yrs 8 mo) were administered the WISC--R under standardized testing conditions or conditions employing token reinforcement for correct responding. Token-reinforcement Ss scored significantly higher on both the Verbal subtest and Full-Scale IQ, but not the Performance subtest. Results replicate previous findings with elementary-aged, nonretarded, White children (R. M. Young et al, see PA, Vol 68:3806). The same design was utilized in a 2nd study employing 22 mildly retarded, low SES Black students (aged 12 yrs 7 mo to 14 yrs 11 mo). No significant differences were found between groups, suggesting that age may affect results when using tangible rewards. Coupled with previous studies, findings imply that nonbiased intellectual assessment appears to require an analysis of motivational factors.

Kamin, L. J. (1980). Selective migration again. Intelligence, 4(2), 161-164.

Discusses J. L. Wolff's (see PA, Vol 64:6732) reinterpretation of the data of E. S. Lee (see PA, Vol 27:1093). The Lee data, according to Wolff, indicate that Black migration from the South to Philadelphia had been selective in an IQ-relevant manner. Thus, according to Wolff, North-South differences in mean IQ among Blacks are at least in part a consequence of selective migration. However, Wolff's deduction from Lee's data is shown to depend entirely on an insupportable assumption about cumulative IQ deficit in southern Black children.

Kaufman, A. S, McLean, J. E, & Reynolds, C. R. (1991). Analysis of WAIS R factor patterns by sex and race. Journal of Clinical Psychology, 47(4), 548-557.

Factor analyses of Wechsler Adult Intelligence Scale--Revised (WAIS--R) standardization data for 1,880 Ss (aged 16-74 yrs) grouped by sex and race (Black or White) produced congruent factors for the various samples and offered good support for D. Wechsler's (1981) 2-scale division of the subtests. The factor structures for males and females produced differences across the age range that were related to sex-related findings in studies (e.g. R. A. Bornstein and J. D. Matarazzo; see PA, Vol 72:12330) of patients with unilateral brain damage. Black males and Black females seemed to use different strategies for solving Wechsler's verbal and nonverbal subtests. Also, different factor patterns emerged for Black males and White males.

Kleinfeld, J. S. (1973). Effects of nonverbally communicated personal warmth on the intelligence test performance of Indian and Eskimo adolescents. Journal of Social Psychology, 91(1), 149-150.

This study examined the influence of nonverbally communicated personal warmth on the WAIS performance of 15 Athabascan Indian and Eskimo high school students from remote Alaskan villages. Personal warmth communicated through physical closeness, smiling, and a mutually seated posture resulted in increased intelligence test scores.

Knight, B. C, Baker, E. H, & Minder, C. C. (1990). Concurrent validity of the Stanford Binet: Fourth Edition and Kaufman Assessment Battery for Children with learning disabled students. Psychology in the Schools, 27(2), 116-125.

Considered the concurrent validity of the Stanford-Binet Intelligence Scale: Fourth Edition (SBIV) compared with the Kaufman Assessment Battery for Children (K-ABC) using the fluid, crystallized model of interpretation with 30 Black, learning-disabled

students (aged 6 yrs to 11 yrs 9 mo). As hypothesized, the K-ABC Composite score was significantly higher that the SBIV Composite score. The correlation between the SBIV and K-ABC Composite scores was high even though there was a significant difference between the 2.

Koh, T. H, Abbatiello, A, & Mcloughlin, C. S. (1984). Cultural bias in WISC subtest items: A response to Judge Grady's suggestion in relation to the PASE case. School Psychology Review, 13(1), 89-94.

Examined whether 7 items for the Information and Comprehension subtests of the WISC discriminate against any racial groups. These items were singled out by Judge J. F. Grady in his opinion in the PASE (Parents in Action in Special Education) case as being culturally biased against Black children. A stratified random sample of 360 test protocols of Chicago public school children (aged 7.0-15.7 yrs) who were referred for a psychological evaluation were analyzed quantitatively and qualitatively. Ss were part of the sample considered by the judge. Main comparisons of percentage passing items for race, sex, and age groups showed no significant differences. Error analyses showed no significant "cultural" differences between White and Black Ss, in that none of the responses that were said to be likely to occur from Blacks were evident.

Kuhlman, T. L, & Bieliauskas, V. J. (1976). A comparison of Black and White adolescents on the HTP. Journal of Clinical Psychology, 32(3), 728-731.

Groups of 30 Black and 30 White adolescents that had been matched for sex, age, intelligence, and socioeconomic level were administered the House-Tree-Person (HTP) projective drawing test. The drawings were scored according to J. N. Buck's method of quantitative analysis and assigned psychological adjustment ratings by clinical judges. No significant differences were found between the 2 groups on either the HTP IQ measures or the adjustment ratings. Findings appear to provide the first evidence that quantitative analysis of the HTP can be applied validly to the drawings of Black Ss and question the studies of E. F. Hammer (1953) who concluded that Black children show more maladjustment than White children in their HTP drawings.

Lira, F. T, Fagan, T. J, & White, M. J. (1979). Violent behavior and differential WAIS characteristics among Black prison inmates. Psychological Reports, 45(2), 356-358.

WAIS data were collected from 51 Black incarcerated youthful offenders assigned to 3 groups on the basis of severity of crimes. Similarities ratios were significantly lower for nonviolent offenders than violent and moderately violent offenders, the reverse of

results reported by others for White and mixed racial samples. Pitfalls of using the Similarities ratio as a clinical diagnostic measure without normative data are discussed.

Mackenzie, B. (1984). Explaining race differences in IQ: The logic, the methodology, and the evidence. American Psychologist, 39(11), 1214-1233.

Examines the claim that there are genetic racial differences in IQ, which has been based mainly on 2 grounds: the evidence for high within-race heritability for IQ and the failure of various environmental explanations to account completely for mean racial differences. It is argued that neither of these trends has direct relevance to the question of whether race differences in IQ have a mainly genetic or environmental origin. The assumption that these factors are relevant and that they support a genetic account is criticized as a "hereditarian fallacy." The choice between a genetic and an environmental account of race differences is most properly based on jointly genetic/environmental designs, which control for both genetic and environmental differences in a behavior genetic framework. Studies using environmental, genetic, and joint models are reviewed. Although evidence tends to support an environmental over a genetic account, it is not considered to be sufficient. Identification of what the relevant environmental differences may be would require turning away from the traditional heredity vs environment question and focusing on the detailed causal influences that affect the development of intellectual level generally.

McLean, J. E, Kaufman, A. S, & Reynolds, C. R. (1989). Base rates of WAIS R subtest scatter as a guide for clinical and neuropsychological assessment. Journal of Clinical Psychology, 45(6), 919-926.

Analyzed data from the Wechsler Adult Intelligence Scale--Revised (WAIS--R) standardization sample of 1,880 Ss (aged 16-74 yrs) to determine normal base rates of subtest scatter and to discover whether the amount of scatter is significantly related to various stratification variables. Two indices of scatter were computed for the Verbal, Performance, and Full Scales: range and number of subtests that significantly deviated from a person's own mean. Analyses of variance (ANOVAs) showed that (1) IQ scales were significantly related to education level, (2) Blacks had less scatter than Whites on the Verbal and Full Scales, and (3) females had less scatter than males on the Verbal scale. Base rate normative tables of subtest scatter are presented for 5 levels of Full Scale IQ.

Mercer, J. R. (1988). Ethnic differences in IQ scores: What do they mean? (A response to Lloyd Dunn). Special Issue: Achievement testing: Science vs ideology. Hispanic Journal of Behavioral Sciences, 10(3), 199-218.

Responds to L. M. Dunn's (1987) conclusions regarding reasons for Hispanic-Anglo differences in IQ scores, focusing on Dunn's discussion of genetic factors. Several studies that look at between-group variance in IQ scores for Blacks, Anglos, and Hispanics are reviewed. It is concluded that sociocultural factors are important contributors to such variances. The adequate interpretation in educational practice of IQ scores is also discussed. Instruments that use different sociocultural norms for different ethnic groups to make inferences about an individual's intelligence, such as the System of Multicultural Pluralistic Assessment and the Wechsler Intelligence Scale for Children--Revised (WISC--R), are also discussed.

Mishra, S. P. (1984). Recategorized WISC R scores of learning disabled children from Mexican American culture. Journal of Clinical Psychology, 40(6), 1485-1488.

Examined the generalizability of A. Bannatyne's (1974; see also PA, Vol 44:5314) WISC--R profile of learning disabled children to a sample of 64 9-12 yr old bilingual Mexican-American children (average Full Scale IQ 82.79). Ss' scores were subjected to 1 X 3 repeated-measures ANOVAs, and the differences between mean categorized scores were analyzed for simple effects. Analysis suggested that Ss were not characterized by Spatial > Conceptual > Sequential patterns as predicted by Bannatyne. Ss' WISC--R performance was found to be similar on the Sequential and Conceptual categories. It is noted that Ss' performance on Spatial subtests was superior to their performance on acquired knowledge subtests (Information, Arithmetic, and Vocabulary).

Munford, P. R. (1978). A comparison of the WISC and WISC R on Black child psychiatric outpatients. Journal of Clinical Psychology, 34(4), 938-943.

WISC and WISC-R scores of 10 male and 10 female 8-15 yr old Black child psychiatric outpatients revealed the 2 tests to be essentially different, with lower Verbal, Performance, and Full Scale IQs on the WISC-R than on the WISC. The Similarities and Coding WISC-R subtests were also lower than those on the WISC. Significant practice effects occurred when the WISC was preceded by the WISC-R, but not when the order of test presentation was reversed. The males' combined WISC

and WISC-R scores were higher than the females' on the Information, Arithmetic, Similarities, Vocabulary, Picture Completion, Block Design, Object Assembly, and Coding subtests and Verbal and Full Scale IQs. The females scored higher on Coding. The tests were found to be highly correlated. The implication is that greater numbers of Black children may be given developmental disability labels.

Murray, M. E, Waites, L, Veldman, D. J, & Heatly, M. D. (1973). Ethnic group differences between WISC and WAIS scores in delinquent boys. Journal of Experimental Education, 42(2), 68-72.

Investigated the patterns of IQ scores of 2,498 delinquent boys of different ethnic groups on the WISC and WAIS. Variables examined included age, ethnic classification, Verbal IQ, performance IQ, and Full Scale IQ. A 3-factor analysis of variance was computed on the scores. Factors included ethnic group (Anglo, Black, Chicano), test-age level (WISC, WAIS), and subscale (verbal, performance). Results show that the mean IQ scores of the various ethnic groups were spread over a 15-point range with Anglos highest and Blacks lowest. WISC scores were lower than WAIS scores for all groups, although the difference was significantly exaggerated in the Blacks. Performance subscales elicited higher mean scores than did verbal subscales and the performance-verbal difference was twice as large on the WISC as on the WAIS. Blacks performed at about the same low level on both performance and verbal subscales, while the Chicanos did poorly on Verbal IQ, but scored much higher (in the normal range) on the performance subscales. Results are discussed with reference to the present IQ controversy.

(1984). Ninth Circuit affirms decision striking down the use of I.Q. tests to place Black children in special education classes. Mental and Physical Disability Law Reporter, 8(3), 302-304.

The Ninth Circuit (Larry P. v. Riles, No. 80-4027 (9th Cir. Jan. 23, 1984)) upheld a 1979 lower court decision concluding that the state of California had violated section 504 of the Rehabilitation Act, the Education for All Handicapped Children Act, and Title VI of the Civil Rights Act. Its use of unvalidated IQ tests to place children into classes for educable mentally retarded persons had resulted in the placement of a disproportionate number of Black children.

Overall, J. E, & Levin, H. S. (1978). Correcting for cultural factors in evaluating intellectual deficit on the WAIS. Journal of Clinical Psychology, 34(4), 910-915.

Data from 776 psychiatric patients were used to estimate the effects of ethnic group (Anglo, Black, and Mexican-American), sex (404 male and 345 female), education (less than, equal to, or more than 12 yrs), and diagnosis (9 groups including organic brain syndrome, schizophrenia, depression, and alcoholism) on WAIS IQ scores by least squares regression methods. Estimates of expected IQ for various demographically defined segments of the general population were obtained by setting the expected IQ for White high school graduates at 101 and then adding or subtracting the specific effects associated with different ethnic group, sex, and education. A formula is proposed for norming WAIS Full Scale IQ scores to X = 100 and SD = 15 within various demographically defined segments of the population.

Panda, K. C, & Lynch, W. W. (1973). Relationships among scores on intellectual achievement responsibility and cognitive style measures in educable mentally retarded children. Indian Journal of Mental Retardation, 6(2), 55-66.

Tested 33 Black and 25 White 9-13 yr old intermediate educable mentally retarded children (EMRs), IQ 50-83, on a modified version of the Intellectual Achievement Responsibility Questionnaire (IARQ) and on the Matching Familiar Figures Test (MFFT). This version of the IARQ, modified for use with EMRs, yielded a Spearman-Bowman reliability coefficient of 0.66. The relationship of the IARQ to the 1st response latency or to the total number of errors on the MFFT was low and insignificant for both Black and White retardates. Whites and Blacks performed equally well on both instruments. Study 2 tested junior high school EMRs (157 boys and 92 girls 13-16 yrs old, IQ 50-83) on the modified IARQ, and tested 92 of the boys on the Children's Embedded Figures Test (CEFT). Results on the IARQ indicate that boys were slightly more internal than girls. The reliability coefficient was 0.67 for boys and 0.76 for girls. No significant relationship was found between IARQ and CEFT scores.

Petee, T. A, & Walsh, A. (1987). Violent delinquency, race, and the Wechsler performance verbal discrepancy. Journal of Social Psychology, 127(3), 353-354.

Examined the relationship between Wechsler Adult Intelligence Scale (WAIS) Performance (P) and Verbal (V) IQ scores and levels of violent delinquency in 67 White and 58 Black juvenile probationers. Data indicate that (1) P > V discrepancy scores can differentiate between group means on violent behavior, (2) the inclusion of race in the analysis does not diminish the effect of P > V, and (3) Blacks may be significantly underrepresented among high P > V scorers.

Peterson, D. A. (1974). The effects of sickle cell disease on black IQ and educational accomplishment: Support for Montagu and "sociogenic brain damage.". American Anthropologist, 76(1), 39-42.

Reviews recent data which show that there is no relationship between sickle-cell trait and intellectual achievement (measured by GPAs) among black college students. It is suggested that sickle-cell anemia, while not directly causing lowered IQ and other scores in blacks in general, may do so indirectly in a way similar to that emphasized by A. Montagu (see PA, Vol 49:7241)-i.e, environmental and cultural factors in medical care may influence intellectual attainment in individuals with sickle-cell trait.

Ramey, C. T, & Brownlee, J. R. (1981). Improving the identification of high risk infants. American Journal of Mental Deficiency, 85(5), 504-511.

Selected 52 Black infants whose families were characterized by low levels of formal education, a fairly low level of maternal intelligence, and very low incomes. By focusing on a group at relatively high risk, the authors hoped to increase the precision and economy of early identification by using more process-oriented information about Ss' early development and environment. As Ss attained 6 mo of age, characteristics of the mother, child, and home were assessed through such measures as the WAIS. At 2 yrs of age, Ss were given the Stanford-Binet Intelligence Scale and divided into a nonretarded group and a high-risk group. A step-wise discriminant analysis was used to derive a predictor set consisting of mother's democratic attitudes, S's temperament, and the amount of time the S spent outside the home that allowed for the correct prediction of 75% of the Ss, with an overall miss rate of 20% and a false positive rate of 29.6%.

Reschly, D. J, & Jipson, F. J. (1976). Ethnicity, geographic locale, age, sex, and urban rural residence as variables in the prevalence of mild retardation. American Journal of Mental Deficiency, 81(2), 154-161.

Assessed intellectual performance by administering the WISC-R to 950 of a stratified random sample of 1,040 children in Pima County, Arizona. The sample was stratified for ethnicity (Anglo, Black, Mexican-American, and Papago Indian), urban-rural residence, sex, and grade level (1st, 3rd, 5th, 7th, and 9th). The 3 WISC-R IQ scores and cutoff points of 69 and 75 were used in comparisons of prevalence of mild mental retardation. This prevalence was significantly related to ethnicity (with disproportionate representation of all non-Anglo groups occurring at the 75, but not

the 69, cutoff) and geographic locale, but not to sex, urban-rural residence, and grade level. In agreement with recent court decisions, it is concluded that manipulation of cutoff points will partially modify disproportionate representation of minority group children in classes for the mildly retarded; the question of optimum education for these children, however, remains unanswered.

Reschly, D. J, & Jipson, F. J. (1977). Ethnicity, geographic locale, age, sex, and urban rural residence as variables in the prevalence of mild retardation. Annual Progress in Child Psychiatry and Child Development, 612-624.

Administered the WISC-R to 950 1st-9th graders who were stratified for ethnicity (Anglo, Black, Mexican-American, and Papago Indian), urban-rural residence, sex, and grade level. The 3 WISC-R IQ scores and cutoff points of 69 and 75 were used in comparison of prevalence of mild mental retardation. This prevalence was significantly related only to ethnicity and geographic locale.

Reschly, D. J, Kicklighter, R, & McKee, P. (1988). Recent placement litigation: II. Minority EMR overrepresentation: Comparison of Larry P. (1979, 1984, 1986) with Marshall (1984, 1985) and S 1 (1986). School Psychology Review, 17(1), 22-38.

Discusses placement litigation, in which the federal court decisions in 2 1980s cases involving allegations of discrimination due to overrepresentation of Black students in educable mentally retarded (EMR) special education programs were reviewed. In Marshall v. Georgia (1984, 1985) the district and appeals courts rejected all of the plaintiff claims concerning discrimination and refused to institute plaintiffs' remedies. In S-1 v. Turlington (1986) a federal court ruled in favor of defendants' motion to dismiss plaintiffs' claims and decertify the class of Black students. Both cases represent contrasts and legal contradictions to the Larry P. v. Riles (1979, 1984, 1986) case, which forbade the use of IQ tests for placement of Black students in EMR classes in California.

Reynolds, C. R, Chastain, R. L, Kaufman, A. S, & McLean, J. E. (1987). Demographic characteristics and IQ among adults: Analysis of the WAIS R standardization sample as a function of the stratification variables. Journal of School Psychology, 25(4), 323-342.

Analyzed data from the standardization sample of the 1981 Wechsler Adult Intelligence Scale--Revised (WAIS--R) to determine the relationships of WAIS--R IQs to the demographic variables upon which the sample was stratified. The sample included 1,664 Whites, 192 Blacks, and 24 Ss from other non-White groups.

Differences in mean IQs due to sex, urban-rural residence, and geographic regions were nonsignificant. However, there were significant differences that were due to race and education level, and there were also sizeable differences noted for occupational groups. There was a 141/2-point difference in favor of Whites over Blacks on Full Scale IQ. College graduates earned IQs that were 321/2 points higher than those of Ss with 7 yrs or less of schooling, and professional and technical workers outscored unskilled workers by 22 points.

Saccuzzo, D. P, & Lewandowski, D. G. (1976). The WISC as a diagnostic tool. Journal of Clinical Psychology, 32(1), 115-124.

Applied D. Wechsler's (1958) hypotheses about the adolescent sociopath to the WISC under controlled conditions. 80 13-16 yr olds were divided into 4 groups according to race and sex, while IQ, socioeconomic class, and geographic location were held constant. The criterion for selection of Ss was appearance before a juvenile court. Post hoc analysis provided specific signs for each combination of race and sex in the 80-89 IQ range. The need for cross-validation of these signs is stressed. Methodological issues that may contribute to inconclusive findings with traditional assessment procedures include: (a) the need for control of the relevant variables, (b) the problem of poorly defined criteria, (c) the need for analysis of the individual as well as the group data, (d) the importance of a holistic approach, (e) the problem with matching, and (f) the problem of not having an expected distribution with which to compare the frequency of "hits" for Wechsler's indices.

Sattler, J. M. (1982). The psychologist in court: Personal reflections of one expert witness in the case of Larry P, et al. v. Wilson Riles, et al. School Psychology Review, 11(3), 306-318.

Describes the experience of appearing as a witness for the defense in the Larry P. et al vs Wilson Riles et al case, in which the author presented his views about the value of individual intelligence tests in the assessment of Black children. The courtroom was found to have a certain form and structure that conflicted with that of the pursuit of knowledge. Excerpts of the testimony and cross-examination are provided, and the author makes suggestions for individuals who may testify as expert witnesses.

Sattler, J. M, & Kuncik, T. M. (1976). Ethnicity, socioeconomic status, and pattern of WISC scores as variables that affect psychologists' estimates of effective intelligence. Journal of Clinical Psychology, 32(2), 362-366.

110 psychologists estimated "true IQs" or "effective intelligence" from WISC profiles that varied for ethnicity (Black, Mexican-American, or White), social class (lower or

middle), profile (3 scatter patterns), and direction of Verbal-Performance scale discrepancy. Psychologists gave higher IQ estimates to Black and Mexican-American children's profiles than to the same profiles of White children. Social class was not a significant factor. Profiles with much scatter received higher IQs than profiles with limited scatter. The pattern of subtest scores also affected estimates, while the direction of the Verbal-Performance discrepancy was not significant. Finally, the WISC was judged to be more valid for White than for Black and Mexican-American children.

Seligman, L. (1979). Understanding the Black foster child through assessment. Journal of Non White Concerns in Personnel and Guidance, 7(4), 183-191.

Examined personality and cognitive characteristics of Black foster children. A total of 98 4-18 yr old Black children living in foster homes were selected. All Ss were administered the Bender Gestalt Test, the House-Tree-Person Test, the Wide Range Achievement Test, the Rorschach, and a specially designed sentence completion inventory. Additionally, all children were administered an age-appropriate Wechsler intelligence test (i.e, the Wechsler Preschool and Primary Test of Intelligence, the WISC-R, or the WAIS) and given an extensive interview. Results indicate that the performance of Black foster children on mental abilities tests is similar to that of other Black children. It was also found that these children may have difficulty forming satisfactory interpersonal relationships. Implications for therapy with Black foster children, their foster parents, and the school systems in which such children are enrolled are discussed.

Sewell, T. E, & Severson, R. A. (1975). Intelligence and achievement in first grade black children. Journal of Consulting and Clinical Psychology, 43(1), 112.

Studied the relationship between WISC IQ and academic achievement (Stanford Achievement Test) in 84 regularly placed 1st-grade black children. Subtest scores, intercorrelations, and IQ-achievement relations suggest that this sample differs from the WISC normative population and urge caution in the use of the individual subtests for diagnostic or predictive purposes.

Shade, B. J. (1981). Racial variation in perceptual differentiation. Perceptual and Motor Skills, 52(1), 243-248.

In Exp I, 36 students, equally divided by race and sex, were given the Group Embedded Figures Test. Neither race nor sex differences were evident. In Exp II, 23 Afro-American and 17 Euro-American students were administered the Embedded Figures Test, as well as a modified Block Design Test and the WAIS Picture Completion subtest. Comparison of group means revealed a significant racial group

difference on embedded figures but the difference between the means on the Block Design seemed to occur by chance. Developmental and socialization factors are discussed in light of the incongruity between these 2 studies.

Smith, A. L, Hays, J. R, & Solway, K. S. (1977). Comparison of the WISC R and Culture Fair Intelligence Test in a juvenile delinquent population. Journal of Psychology, 97(2), 179-182.

Obtained Culture Fair Intelligence Test and WISC-R scores from 51 delinquent juveniles (mean age 14.9 yrs) of Black, White, and Mexican-American background. Comparison of mean scores on the 2 tests for minority and White juveniles demonstrated the Culture Fair to be less culturally biased than the WISC-R. On ANOVA there was a significant difference due to ethnicity and test used, and a significant interaction of those 2 factors. The interaction was due to the elevation of the scores of minority juveniles on the Culture Fair compared with WISC-R scores. Correlations between the WISC-R scores, subtest scale scores, and Culture Fair scores were significant, which provides further validation of the WISC-R.

Solway, K. S, Cook, T. H, & Hays, J. R. (1976). WISC subtest patterns of delinquent female retardates. Psychological Reports, 38(1), 42.

Compared mean WISC subtest ranks of 61 9-17 yr old female delinquent retardates with male delinquent retardates and 10 other previously studied samples of nondelinquent retardates. Only Black female delinquents were unlike the larger population of retardates; they had greater difficulty in the Object Assembly subtest than all other samples. Female delinquent retardates, particularly Blacks, also performed somewhat better on Verbal subtests than either male delinquent or nondelinquent retardates.

Stewart, D. W. (1976). Effects of sex and ethnic variables on the profiles of the Illinois Test of Psycholinguistics and Wechsler Intelligence Scale for Children. Psychological Reports, 38(1), 53-54.

A study of the effects of sex and ethnicity (Black, Mexican-American, or Anglo-American) variables on the Illinois Test of Psycholinguistic Abilities and WISC profiles of 42 mentally retarded, 42 normal, and 41 children with diagnosed learning or language problems aged 6-10 yrs indicated that while such effects may attain statistical significance, the amount of variance accounted for by the variables is small. Findings question the practical significance of such effects.

Taylor, R. L. (1990). The Larry P. decision a decade later: Problems and future directions. Mental Retardation, 28(1), iii-vi.

Discusses the court case of Larry P. v. Wilson Riles (1979), which involved the question of whether a group of Black children from San Francisco had been misclassified as educably mentally retarded on the basis of a biased intelligence test. The issue of nondiscriminatory evaluation was not settled in the courts because (1) the wrong issue was debated, (2) contradictory conclusions were drawn, (3) questionable implications were generated, and (4) uncertain consequences have occurred. Rather than simply banning intelligence tests and declassifying students, special education reform is needed.

Urban, W. J. (1989). The Black scholar and intelligence testing: The case of Horace Mann Bond. Journal of the History of the Behavioral Sciences, 25(4), 323-334.

Treats the ideas of a Black scholar, H. M. Bond, who was involved in the debate over intelligence tests and the IQ of Black Americans. Bond's career is divided into 3 parts: student-1st administrative post (1924-1935), academic administrator (1935-1957), and teacher-retirement and death (1957-1972). These periods roughly coincide with 3 stages in the history of IQ testing: hereditarian, anti-Black interpretations; environmentalist interpretations; and reemergence of hereditarian, anti-Black interpretations. Bond's views on, and use of, tests in each period are discussed.

Whitworth, R. H, & Gibbons, R. T. (1986). Cross racial comparison of the WAIS and WAIS R. Educational and Psychological Measurement, 46(4), 1041-1049.

Presents a cross-racial comparison of the Wechsler Adult Intelligence Scale (WAIS) with the Revised WAIS (WAIS--R), using 25 Anglo, 25 Black, and 25 Mexican-American male undergraduates. Ss were administered both versions of the WAIS on the same day, using a procedure that precluded the repetition of identical test items. Significant differences were found among the racial groups, with the Anglos scoring higher than the Blacks or Mexican-Americans. The WAIS and WAIS--R scores were all highly correlated, but the WAIS--R produced significantly lower scores than the WAIS for all 3 groups. Despite significant differences for ethnicity and test form, no significant interaction (form X race) was found, confirming that the WAIS/WAIS--R differences were consistent across racial groups. Results are discussed in terms of sociocultural and bilingual factors affecting test bias.

Whorton, J. E, & Morgan, R. L. (1990). Comparison of the Test of Nonverbal Intelligence and Wechsler Intelligence Scale for Children Revised in rural Native American and White children. Perceptual and Motor Skills, 70(1), 12-14.

Compared the performance of 17 Native American and 29 White children (aged 5.5-16.7 yrs) with suspected learning handicaps on the Wechsler Intelligence Scale for Children--Revised (WISC--R) and the Test of Nonverbal Intelligence (TONI). Although correlation coefficients were only in the moderate range, the TONI and WISC--R appeared to measure similar abilities.

Williams, C. L. (1987). Issues surrounding psychological testing of minority patients. Hospital and Community Psychiatry, 38(2), 184-189.

Discusses the controversy surrounding the psychological testing of minorities and presents an overview of the historical origins of the issues. Specific discussions of the methodological issues related to the use of cognitive intellectual tests (e.g. the Wechsler Adult Intelligence Scale (WAIS)) and objective personality assessment (e.g. the Minnesota Multiphasic Personality Inventory (MMPI)) with minority groups are presented. Overall recommendations for testing members of minority groups, supported by case illustrations, are given. The cases include a 17-yr-old Laotian refugee girl referred for intellectual deficits that first appeared after she had a high fever at age 7 yrs and a 14-yr-old Hmong boy referred because of possible mental retardation and impulse-control problems.

Wolff, J. L. (1980). Selective migration still a viable hypothesis. Intelligence, 4(2), 165-170.

L. J. Kamin (see PA, Vol 65:12620) has contended that arguments presented in the present author's (see PA, Vol 64:6732) article are too weak to justify "resuscitating the selective migration debate." Although Kamin's critique points up the need for closer scrutiny of the cumulative-deficit phenomenon, it fails to refute the present author's conclusion that selective migration is partly responsible for the North-South Black IQ differential.

X Clark, C. (1975). The Shockley Jensen thesis: A contextual appraisal. Black Scholar, 6(10), 2-11.

Presents an historical overview of the thesis that Blacks are less intelligent than Whites. 3 hypotheses are suggested to explain the interest of Whites in Black intelligence, and 2 paradigms about racial intelligence are described.

APPENDIX G

TREATMENT CONSIDERATIONS WITH CULTURALLY DIVERSE POPULATIONS:

PROJECTIVE MEASURES

TREATMENT CONSIDERATIONS WITH CULTURALLY DIVERSE POPULATIONS:

Assessment: Projective Measures

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Bonnheim, M. L, & Korman, M. (1985). Family interaction and acculturation in Mexican American inhalant users. Journal of Psychoactive Drugs, 17(1), 25-33.

20 Mexican-American families were Ss in an investigation to identify specific family characteristics and levels of acculturation among Mexican-American inhalant abusers (IAs). Each family consisted of a mother, father, and male child (aged 11-16 yrs); 10 families contained a child who was an IA, and the remaining families (controls) contained a child who was not an IA. Two investigators visited the homes of each family and administered an acculturation questionnaire to all family members and videotaped a 5-part family interview, in which Ss were asked to decide family strengths and weaknesses, plan an activity together, respond to questions regarding individual family members, and make up stories in response to TAT cards. It was hypothesized that (1) families with an IA would be different from control families, (2) inhalant abuse would be related to level of acculturation of family members, and (3) children whose level of acculturation was most different from that of their parents would be more likely to use inhalants. Results support Hypothesis 1: Relative to controls, families with an IA were seen as confused, negativistic, inconsistent, and internally conflicted. Anxiety levels were high, and communication was not goal-directed. Results do not support Hypotheses 2 and 3.

Boyer, L. B. (1988). Effects of acculturation on the personality traits of aged Chiricahua and Mescalero Apaches: A Rorschach study. XII International Congress of the Rorschach and Other Projective Techniques (1987, Santos, Brazil). British Journal of Projective Psychology, 33(2), 2-17.

Analyzed Rorschach protocols obtained in 1959-1960 from 26 Mescalero (MES) Apaches (aged 50+ yrs) who had spent their 1st 6 yrs on a reservation and 22 age-matched Chiricahua (CHI) Apaches who had spent their 1st 6 yrs as prisoners of war. Ss probably had nearly identical personality organizations before being subjected to different acculturation experiences. Ss' responses revealed significant perceptual and cognitive differences between the 2 groups. MES Ss appeared to be more secure in their personal identities and more capable of establishing meaningful object relationships than CHI Ss, whose reactions to the stimuli were more like those expected from White Americans.

Boyer, L. B, De, V. G. A, & Boyer, R. M. (1983). A longitudinal study of three Apache brothers as reflected in their Rorschach protocols. Journal of Psychoanalytic Anthropology, 6(2), 125-161.

Rorschach protocols obtained from 3 brothers when they were aged 6-10, 17-20, and 27-30 yrs are compared with those obtained from their parents and are discussed in terms of the Ss' life histories and of aspects of Apache culture. Data reveal a pattern of passivity, weakness of emotional integration, and constriction of emotional reactivity. The effects of emotional impoverishment during childhood, a disordered family life, and the parents' emotional problems on the development of this pattern are discussed.

Costantino, G, Malgady, R. G, Casullo, M. M, & Castillo, A. (1991). Cross cultural standardization of TEMAS in three Hispanic subcultures. Hispanic Journal of Behavioral Sciences, 13(1), 48-62.

Compared the normative profiles, reliability, and criterion-related validity of Tell-Me-A-Story (TEMAS) with native Puerto Ricans (NPRs), Puerto Ricans living in New York (NYs), and Argentineans (ARs). The NPRs were 280 Ss in kindergarten-6th grade and 50 psychiatric outpatients; the NYs were 167 1st-6th graders and 67 outpatients from a mental health clinic; the ARs were 59 2nd-7th graders. NPRs and NYs were administered 23 (minority version) TEMAS cards, the State-Trait Anxiety Inventory for Children, and the Piers-Harris Children's Self Concept Scale. ARs were administered the nonminority short form consisting of 10 TEMAS cards and the Piers-Harris Scale. Results support the use of TEMAS with Ss in the 3 cultures, but indicate that some TEMAS cards did not pull the designated personality functions as consistently with NPRs and ARs.

Costantino, G, Malgady, R. G, Rogler, L. H, & Tsui, E. C. (1988). Discriminant analysis of clinical outpatients and public school children by TEMAS: A thematic apperception test for Hispanics and Blacks. Journal of Personality Assessment, 52(4), 670-678.

Investigated the utility of the Tell-Me-a-Story (TEMAS), a minority version of the Tell Me a Story test. The Ss (aged 5-14 yrs) were 67 Hispanic and 33 Black outpatients at psychiatric centers and 167 Hispanic and 206 Black public school students, all from low socioeconomic status (SES), inner-city families. All Ss were tested individually by examiners of the same ethnicity. Results indicate that TEMAS profiles significantly discriminated the 2 groups and explained 21% of the variance independent of ethnicity, age, and SES. Classification accuracy, based on the discriminant function, was 89%. The TEMAS profiles interacted with ethnicity; better discrimination was evident for Hispanics than Blacks.

Doane, J. A, Miklowitz, D. J, Oranchak, E, Flores, D. A, RobeRto, & Et, A. (1989). Parental communication deviance and schizophrenia: A cross cultural comparison of Mexican and Anglo Americans. Journal of Abnormal Psychology, 98(4), 487-490.

Levels of parental communication deviance (CD), as measured on the Thematic Apperception Test (TAT), were compared among families of schizophrenic patients in two culturally distinct groups. Spanish-speaking Mexican-American parents of schizophrenics completed the TAT in their native language, and CD was coded from their stories by a Spanish-speaking rater. Mexican-American parents had levels of CD that were nearly identical to those of a carefully matched sample of English-speaking Anglo-American parents. Factor scores that measure distinct subtypes of CD also did not differ across groups. The data suggest that levels of CD, despite discriminating between parents of schizophrenics and nonschizophrenics, do not vary across different languages and cultures.

Fleming, J. (1978). Fear of success, achievement related motives and behavior in Black college women. Journal of Personality, 46(4), 694-716.

Tested the hypothesis that Fear of Success should be an insignificant motivational determinant among Black college women. 55 Black undergraduates from Radcliffe College participated in 2 1-hr sessions where motive and performance measures (e.g. TAT, Test Anxiety Questionnaire) in a series of achievement-related situations were obtained. Among middle-class women, Need for Achievement was the major positive determinant of the achievement-related behaviors under investigation, while Fear of Success, measured by M. S. Horner's (1968, 1974) new experimentally derived scoring system, facilitated rather than inhibited performance. For women of working-class origin, Fear of Success exerted the strongest influence on behavior and inhibited achievement-striving in nontraditional directions. The findings among middle-class women support the prevailing opinion that Black women are more achievement-oriented than their White counterparts, but the results for working-class women challenge the findings of earlier studies based on the original measure of Fear of Success imagery and suggest that an internalized conflict over achievement and feminine identity may be a salient motivation among some Black women.

Frank, G. (1992). The response of African Americans to the Rorschach: A review of the research. Journal of Personality Assessment, 59(2), 317-325.

A review of the studies exploring the performance of African Americans (AFAs) on the Rorschach reveals the limited number of studies done in this area, as well as the fact that the research paradigm for all of this research has been limited to comparing

the Rorschach performance of AFAs with that of Whites. However, no one has offered a rationale for such a research paradigm. Without a scientific reason to expect personality to be a function of race, another research design is recommended: one that explores the effect of many aspects of living conditions on the development of the personality of AFAs.

Gibbs, J. T. (1982). Personality patterns of delinquent females: Ethnic and sociocultural variations. Journal of Clinical Psychology, 38(1), 198-206.

48 White, Black, and Hispanic adjudicated delinquents, 13-18 yrs of age were administered the Diagnostic Interivew for Borderlines, the Rorschach, and the WAIS or WAIS-R. Analysis of test profiles revealed 4 personality patterns: borderline, antisocial, neurotic, and socialized delinquent. Personality patterns differed significantly among ethnic and socioeconomic status groups. White delinquents were more likely to be neurotic than lower-class delinquents. The need to match treatment intervention to specific delinquent personality patterns is discussed.

Gould, S. (1980). Need for achievement, career mobility, and the Mexican American college graduate. Journal of Vocational Behavior, 16(1), 73-82.

Need for achievement (nAch) and career mobility were measured for 111 Mexican-American college graduates (mean age 32.6 yrs) using the TAT and 3 measures of upward mobility: (a) an index of age combined with career aspirations, (b) salary, and (c) salary divided by age. Results show that Ss with a moderate nAch had the highest upward mobility. Those with either a high or low nAch had lower mobility.

Hay, T. H. (1976). Personality and probability: The modal personality of the Tuscarora revisited. Ethos, 4(4), 509-524.

Describes in detail 4 methodological flaws in the definition of "modal class" proposed by Anthony Wallace in his 1952 paper, "The Modal Personality Structure of the Tuscarora Indians as Revealed by the Rorschach Test." Given the elimination by this definition of a minimum of one-third of the sample from the modal class, and given the stringent criterion for inclusion in the modal class imposed by the use of 18 Rorschach dimensions, statistical analysis of Wallace's Tuscarora data shows that the proportion of the sample included in the modal class is highly significant. This indicates that the search for psychological similarities within a culturally bounded population is meaningful. The Tuscarora data certainly do not support the contention that psychological similarities are unimportant in the integration of society.

Kuhlman, T. L, & Bieliauskas, V. J. (1976). A comparison of Black and White adolescents on the HTP. Journal of Clinical Psychology, 32(3), 728-731.

Groups of 30 Black and 30 White adolescents that had been matched for sex, age, intelligence, and socioeconomic level were administered the House-Tree-Person (HTP) projective drawing test. The drawings were scored according to J. N. Buck's method of quantitative analysis and assigned psychological adjustment ratings by clinical judges. No significant differences were found between the 2 groups on either the HTP IQ measures or the adjustment ratings. Findings appear to provide the first evidence that quantitative analysis of the HTP can be applied validly to the drawings of Black Ss and question the studies of E. F. Hammer (1953) who concluded that Black children show more maladjustment than White children in their HTP drawings.

Lothstein, L. M, & Roback, H. (1984). Black female transsexuals and schizophrenia: A serendipitous finding? Archives of Sexual Behavior, 13(4), 371-386.

Evaluated all 5 Black female applicants, aged 25-28 yrs, who applied for transsexual evaluation to a gender identity clinic. Ss' characteristics, psychological test results (including the WAIS, the MMPI, and the Rorschach), clinical interview material, and psychological and psychiatric diagnoses were examined. All Ss had severe psychopathology; 3 were schizophrenic, 1 was a schizophrenic character, and the last diagnosed as either a psychotic character or borderline personality. It is hypothesized that Black women may be "inoculated" against severe gender identity pathology and only exhibit such pathology as a consequence of a schizophrenic illness or severe borderline schizophrenic state. Data also suggest that more attention should be placed on investigating the family and cultural dynamics related to transsexualism. Implications for developing a comprehensive theory of transsexualism are presented.

Malgady, R. G, Costantino, G, & Rogler, L. H. (1984). Development of a Thematic Apperception Test (temas) for urban Hispanic children. Journal of Consulting and Clinical Psychology, 52(6), 986-996.

Administered a thematic apperception technique (TEMAS) composed of chromatic stimuli picturing Hispanic characters in urban settings to 73 kindergartners to 3rd graders who were nonclinical and from Puerto Rican backgrounds and used data on 210 (kindergartners to 6th graders) clinical Puerto Rican Ss obtained earlier by the present 2nd author (1979) to investigate the psychometric properties of the instrument. Results show internal consistency and interrater reliability in scoring TEMAS protocols. TEMAS indices significantly discriminated between the public school and clinical samples. In the clinical samples, estimates of concurrent validity ranged from .32 to .51 with measures of ego development, trait anxiety, and adaptive behavior.

Pretherapy TEMAS profiles predicted 6-22% of the variance in posttherapy treatment outcomes. Findings provide preliminary support for the clinical utility of the TEMAS for Hispanic children, who typically are inarticulate in response to traditional projective tests.

Padilla, A. M, & Ruiz, R. A. (1975). Personality assessment and test interpretation of Mexican Americans: A critique. Journal of Personality Assessment, 39(2), 103-109.

Reviews the literature on personality test assessment of Mexican-Americans. It is concluded that although there is a paucity of available research, there are some indications that Mexican-Americans differ in response patterning on projective devices. On objective instruments, problems involving fluency in English obscure the findings. Several recommendations are offered for increasing the efficiency of these instruments for use with Mexican-American clients.

Perdue, W. C, & Lester, D. (1974). Racial differences in the personality of murderers. Perceptual and Motor Skills, 38(3, Pt. 1), 726.

Studied the Rorschach Test protocols of 33 black and 33 white convicted murderers (mean age = 34.7 yrs). The 2 groups did not differ significantly on 25 of the 26 variables examined. It is noted that the effects of imprisonment may account for the results.

Seligman, L. (1979). Understanding the Black foster child through assessment. Journal of Non White Concerns in Personnel and Guidance, 7(4), 183-191.

Examined personality and cognitive characteristics of Black foster children. A total of 98 4-18 yr old Black children living in foster homes were selected. All Ss were administered the Bender Gestalt Test, the House-Tree-Person Test, the Wide Range Achievement Test, the Rorschach, and a specially designed sentence completion inventory. Additionally, all children were administered an age-appropriate Wechsler intelligence test (i.e, the Wechsler Preschool and Primary Test of Intelligence, the WISC-R, or the WAIS) and given an extensive interview. Results indicate that the performance of Black foster children on mental abilities tests is similar to that of other Black children. It was also found that these children may have difficulty forming satisfactory interpersonal relationships. Implications for therapy with Black foster children, their foster parents, and the school systems in which such children are enrolled are discussed.

Shapiro, J. P, Leifer, M, Martone, M. W, & Kassem, L. (1990). Multimethod assessment of depression in sexually abused girls. Journal of Personality Assessment, 55(1-2), 234-248.

53 sexually abused Black girls (aged 5-16 yrs) completed the Children's Depression Inventory, the Internalization scale of the Child Behavior Checklist, and the Rorschach Depression Index by J. E. Exner (1985). Another 32 Black girls served as controls. There were no significant correlations between the 3 measures of depression. Abused Ss had high scores on the behavior observation and Rorschach scales. Negative results were obtained with the self-report instrument. Low scores on self-report measures of distress produced by sexually abused children may be due to guardedness or defensiveness rather than a genuinely low level of dysphoria. Scores on Rorschach measures of organizational activity and available coping resources were generally positively related to depression within the abuse group and negatively related to depression within the control group.

Sheikh, A. A, & Twerski, M. (1974). Future time perspective in Negro and White adolescents. Perceptual and Motor Skills, 39(1), 308.

Compared future time perspective, using TAT stories, in 19 Black and 19 White high school students of lower socioeconomic status. In cards depicting Black figures, White Ss exhibited a constricted future time perspective as compared to cards depicting White figures. There were no differences in Black Ss' responses to either set of cards.

Solway, K. S, & Hays, J. R. (1978). An intellectual and personality study of juveniles who are petitioned for waiver of juvenile jurisdiction. Journal of Youth and Adolescence, 7(3), 319-325.

38 male and 3 female juvenile offenders (24 Blacks, 14 Whites, and 3 Mexican-Americans) against whom petitions were filed to try them as adults were examined on the WAIS, MMPI, Interpersonal Checklist, TAT, Bender-Gestalt, Rorschach, and Draw-A-Person tests and compared with typical adolescents. Clinical interview data were also employed. The certificands tended to be of low intelligence and had much difficulty in performing academically or in any situation without structure. Findings indicate that these juveniles tend to act impulsively and without great concern for social standards. A major discrepancy in their self-perception and in the way they are seen by others produces a confusion and distrust of others. Results

suggest that differences exist between the typical adolescent and these juveniles, but the difference is in the extent of the certificands' problems and is not a qualitative one. Aside from questions of the efficacy of rehabilitation in the adult or juvenile system, the typical certificand is qualified in terms of psychiatric or psychological criteria to stand trial in either juvenile or adult court.

Spindler, G. (1987). Joe Nepah: A "schizophrenic" Menominee peyotist. Journal of Psychoanalytic Anthropology, 10(1), 1-16.

Presents the case of a Native American male in his late twenties, diagnosed as schizophrenic, who participated in rituals with the hallucinogen, peyote. The S's Rorschach results, his childhood in relation to norms of Menominee society, and his adjustment compared with other peyote ritualists are discussed. It is concluded that the S's mental illness had a cultural component, in that he did not recognize the psychic boundary between the peyote ritual and regular time and social space.

Terrell, D. L. (1982). The TCB in clinical forensic psychological evaluation: A case study of exceptionality. Journal of Non White Concerns in Personnel and Guidance, 10(2), 64-72.

Demonstrates how the Themes Concerning Blacks (TCB) test was able to facilitate the establishment of rapport, cooperative behavior, and a high level of verbal productivity and creativity in a 35-yr-old Black male alleged forger referred for a clinical, forensic psychological evaluation. The S was also administered the Rorschach and the WAIS. Results indicate that the S was competent at the time of the alleged offense.

Tori, C. D. (1989). Homosexuality and illegal residency status in relation to substance abuse and personality traits among Mexican nationals. Special Issue: Post traumatic stress disorder. Journal of Clinical Psychology, 45(5, Mono Suppl), 814-821.

Maladaptive behavioral and personality reactions to severe stressors among Mexican homosexual men were assessed by comparing substance abuse and Rorschach data obtained from 3 samples: (1) 40 homosexuals residing illegally in the US, (2) 21 homosexuals living in Mexico, and (3) 25 heterosexuals living illegally in the US. The results of orthogonal contrasts showed very similar personality structure and substance abuse patterns among the Ss in the 2 homosexual groups. As predicted, these men were found to be using alcohol or drugs to a greater extent than the heterosexual controls. Rorschach findings indicated that the homosexual Ss were experiencing dysphoric mood and distorted perceptions and were also having significant difficulties coping with an environment that was discerned as increasingly dangerous.

Yu, E. S. (1980). Chinese collective orientation and need for achievement. International Journal of Social Psychiatry, 26(3), 184-189.

Attempted to replicate the findings of D. C. McClelland et al (1953, 1958) on the arousal of need for achievement (nAch) motive by means of the TAT, and contrasted the effectiveness of individual vs collective orientation in eliciting the nAch of 401 Chinese 14-16 yr olds. Ss were given a poem transposition task and the TAT, and 4 types of experimental conditions were induced among the Ss: relaxed, neutral, individual failure, and collective failure. Results indicate that the individual failure condition, as employed by McClelland et al, was not particularly salient in arousing nAch in the present Ss. Instead, Ss responded most favorably when (1) the achievement demands were least overt and (2) they were impressed with the significance of their performance on a larger collectivity than the self. It is concluded that the concepts of independence and individualism, so strongly emphasized and highly valued in the American culture, are alien to Chinese students socialized in the traditional manner to stress interdependence and affiliation.

APPENDIX H

THE LOGICAL CATEGORIES OF MULTICULTURAL TRAINING IN PROFESSIONAL PSYCHOLOGY

THE LOGICAL CATEGORIES OF MULTICULTURAL TRAINING IN PROFESSIONAL PSYCHOLOGY:
Issues in Student Assessment

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The Berkeley/Alameda campus of the California School of Professional Psychology (CSPP-B/A) has embarked on a course of developing an integrated curriculum for multicultural education in clinical psychology. This effort is supported by a three-year grant from the U.S. Department of Education's Fund for the Improvement of Post-Secondary Education (FIPSE) beginning in late 1990 and we are now in the second year of revising our core curriculum in order to systematically integrate multicultural content throughout our clinical training program. Our project involves three interrelated components: (1) the systematic integration of significant multicultural content in all our core clinical psychology courses, (2) field placement training for all our students in which they receive appropriately supervised clinical experiences with ethnically diverse clients, and (3) assessment of both student and faculty performance in response to these curricular and field placement changes through the systematic revision of all our existing evaluation instruments.

At the heart of this project is the belief that an integrated curriculum best ensures the minimal competence of all our doctoral students for professional practice with ethnically diverse clients (Davis-Russell, 1990). This approach is further complemented at CSPP-B/A by our new emphasis area on Multicultural Education, Research, Intervention and Training (MERIT) which provides additional opportunity for students to gain in-depth training for work with clients from diverse ethnic, racial and cultural backgrounds. Central to both endeavors is the determination of what we feel should be the core concepts

and clinical competencies against which all our students are evaluated. As at any academic institution, the faculty must decide what it is their students should know; each faculty member, of course, has the prerogative of choosing what it is s/he wants to teach. Until clarity is established in this regard, the issue of assessing our student's knowledge and clinical competence remains murky at best.

While there is broad consensus that three basic components--knowledge, attitudes and skills--underlie the development of clinical competence in professional psychology (Bourg, et al., 1987), less attention has been paid thus far to the essential ingredients within each of these broad components. With the additional emphasis on ethnic diversification which is finally reaching our consciousness in psychology training and education programs across the country (Stricker, et al., 1990), the question of how this expanded core body of knowledge should best be defined and organized has eluded our grasp. Certainly the issue is a complex one which, compounded by the enormity of information inherent in a true multicultural perspective, can often lead to a sense of fragmentation, discontinuity or being overwhelmed. Yet this is all the more reason for beginning to delineate what it is that we expect our students to know, and how this content can best be organized.

THE LOGICAL CATEGORIES OF MULTICULTURAL CONTENT

While various taxonomies have been proposed for such content (APA, Division 17, 1981; Bent & Jones, 1987; Ibrahim & Arrendondo, 1986; Ponterotto & Casas, 1987), the knowledge, attitudes and skills essential for clinical competence and multicultural practice are still basically consensual in nature. Certainly there have been strong arguments for the need to be more inclusive in our views of mental health, mental health services, and training (Casas, Ponterotto & Gutierrez, 1986; Pedersen & Marsella, 1982). Some of these models have even approached the form of a matrix, beginning to suggest some

fundamental order or comprehensiveness in their inclusion of critical content (Jones, 1987), but no over-arching paradigm or "logic" seems to exist in the field as yet beyond the level of postulation or supposition. This is no doubt due to two reasons: (1) the nascent stage of multicultural training which, like any new area of scientific inquiry, is largely concerned with matters of "articulation" (Carnap, 1966), and (2) a multicultural view of any topic in psychology is necessarily more vast and complex than a monocultural one (Clark, 1987; Pedersen, 1990). Limiting ourselves, for example, to just the psychological literature since 1984 on mental health treatment issues with only four ethnic groups (African-Americans, Asians and Asian Americans, Hispanics and Latinos, and Native Americans) and excluding related topics such as assessment, a recent search of PsychLit revealed well over 2000 references (Chang, Lee & Sherman, 1991). A coherent framework is clearly needed if only for organizational purposes.

As Bateson so cogently articulated in his seminal paper on the logical categories of learning and communication (1972), any ecology of information is itself subject to inherent order and organization. Restricting ourselves for now to "simply" the question of mental health treatment and what our students should know in order to become more multiculturally competent practitioners, it is evident that a similar hierarchy of information is both necessary and immanent. While our purpose here is not strictly one of epistemology, we can nevertheless borrow from Bateson's lead and consider four analogous levels of information and learning pertinent to multicultural competence. First and conceptually simplest are those aspects of knowledge about cultures, races and ethnicities that are relatively definitional or "factual" in nature (Carnap, 1966). This may include such information as folk customs and beliefs, e.g., santeria rituals and practices (Alonso & Jeffrey, 1988), culture-bound syndromes (e.g., koro, moth sickness, or susto), indigenous therapies (Bokan & Campbell, 1984; Costantino, Malgady & Rogler,

1986; Das, 1987; Griffith, Young & Smith, 1984; Prince, 1980; Rosser-Hogan, 1990; Zane, 1982), connotative meanings among certain groups (e.g., differences between "Hispanic" and "Latino"), specific cultural variants (Baptiste, 1984; Carballo-Dieguez, 1989), communicational styles and differences in interpersonal signals and cues (Hall, 1959; 1966; Kochman, 1972; LaBarre, 1947), etc. This information is typically available about specific racial, ethnic or cultural groups and, if well organized, constitutes a core body of information that is useful for students to recognize and be cognizant of. The dangers, of course, are well known: the risk of "exoticizing" certain groups or, conversely, trivializing significant differences between groups on the premise that we are "really" all alike.

The obvious limitation of these "facts" is that they give the student no sense of context with which to appreciate their derivation and evolution. There is at best the implicit contrast between knowing something about another culture and the awareness a student may have about her own that is at the beginning of any learning. What is still needed is a contextual framework, as it is the context of any information that ultimately gives it usefulness and meaning (Watzlawick, Bavalas & Jackson, 1967; Wittgenstein, 1922). To paraphrase Bateson again (1972), contextual information is of a different logical type and is more analogous to "news," i.e., differences that make a difference. Here what is salient is not so much the "simple" information above about ethnic groups and their characteristics but knowledge about how these characteristics came about, i.e., their historical derivation and evolution, the cultural history and social structure of specific peoples and their lives, the symbolic meaning of their customs and rituals, circumstances of migration to the U.S., etc. Here what is salient is the potential recognition by students that the "facts" themselves are relative (e.g., the "age" of a child may vary by as many as three years depending on whether s/he is from certain parts of China, West Africa or the United States). Our anthropology, history,

economics, and political science colleagues are certainly more informed in this regard but some psychological sources do exist (e.g., LaBarre, 1947; Doi, 1973; McGoldrick, Pearce & Giordano, 1982).

The third logical type of information essential to multicultural competence are those more complex issues of interactions, contrasts, and relationships. Having achieved some fuller understanding of ethnic peoples and groups given their context, we can now expect our students to examine questions about how ethnic individuals and groups interact with others, especially those here in the United States. Certain concepts become particularly relevant here, for example, "minority," "dominant culture," "target groups," "power," "racism," etc. They connote particular types of interactions that have occurred within this culture which, if left unrecognized and unchallenged, perpetuate some of the very problems we as professional psychologists are most concerned about and which we would like our students to be more effective in addressing.

Implicit in this arena is also the question of how applicable or appropriate existing models of treatment in Western psychology are for people from non-European cultures. This body of information is relatively extensive and seems to comprise several types: (1) dangers in applying implicit norms and expectations that are inappropriate or biased (Boyd, 1990; Pavkov, Lewis & Lyons, 1989; Pedersen & Marsella, 1982; Sue & Sue, 1990), (2) examples of the interface between existing models of mental health services and/or treatment and ethnic populations (e.g., Cheung & Snowden, 1990; Davidson, 1987; Flaskerud, 1986; Florsheim, 1990; Henkin, 1985; Plasky & Lorian, 1984; Sue & Zane, 1987), (3) more effective applications of dominant treatment models with broad ethnic populations (e.g., Acosta, Yamamoto, Evans & Skilbeck, 1983; Pinderhughes, 1984; Ridley, 1984; Shahmirzadi, 1983; Tung, 1991) as well as specific ones (Apprey, 1983; Gorkin, 1986; Lappin, 1982; Pumariega, Edwards & Mitchell, 1984; Root, 1990), and (4) particular issues in treatment, e.g.,

that of racial match (Abramowitz, 1983; Greene, 1986; Griffith, 1977; Ridley, 1986) and what "culturally sensitive" mental health services mean for certain groups (e.g., Rogler, Malgady, Costantino & Blumenthal, 1987;). While such information may seem to be relatively straightforward, what is more important to be learned by our students is not so much the "facts" here but something more akin to *empatheia*, the felt appreciation of these experiences from a substantially different point of view. This type of knowledge or awareness, as contrasted with its informational base, is probably less directly taught to our students than it is acquired by them through guided experiences and personal maturation, and represents the shift to those attitudes that are ultimately the more important determinants of multicultural clinical competence.

This last logical type includes concepts and understandings that go "beyond culture" (Hall, 1981) and both transcend particular ethnic groups as well as involve changes in how the student "sees" herself in relation to others. There is less a certain kind of information here than a broader awareness of the inherent dynamics between individuals and cultures. One example might be the question of "acculturation" and its relationship to client behaviors. We would expect our students to recognize that acculturation is not a static concept and, instead, denotes ever constant processes of change, both for the individual, the culture of origin, and the new host culture. By the same token, the very concepts of "ethnicity," "culture" and "race" may be questioned as to their meaning and premises (e.g., Zuckerman, 1990). And when working with a client from a particular ethnic background at a particular stage in the acculturation process, the student might also realize on her own to ask less questions about "why" and more questions about "what," "whom" and "when" (Lappin & Scott, 1982; Tung, 1991). Similarly, patterns may emerge suggesting common transgenerational effects of migration (Sluzki, 1979) across groups as ostensibly different as Holocaust survivors and recent refugees from Southeast Asia or Central

America. Another example might be the nonsense of many common "lumpings" (Duster, 1990) that we so often make: What is the commonality, for example, between someone of Mandarin descent and a H'mong, or a reservation-born Lakota and an urbanite who "discovers" she is one-eighth Papago, or a Nigerian of royal lineage with a villager from Montserrat who speaks with a brogue, or the son of a wealthy Argentinian family of European descent and the daughter of a first generation "wetback" from California's Central Valley (Duster, 1990; Marin & Marin, 1982)? Even within a tightly homogenous ethnic group such as the Japanese, profound differences seem to exist depending on whether the individual was raised in Sao Paulo or Tokyo (Weisman, 1991).

What changes, obviously, is not so much the type of information taught as it is the levels of abstraction of such information and the corresponding degree of understanding we may expect of our students as they are increasingly exposed to such information. Bateson's crucial observation, what he called deutero-learning (Bateson, 1972), is that increasing familiarity and experience leads to a state of "mind" that learns more than the information available (see also Bruner, 1973). This is especially critical with respect to multicultural content, given both the dynamic nature of cultures and individuals and the fact that we can never ultimately teach our students enough in this regard. The inherent vastness of material makes this impossible. What we can do is to provide our students with a sufficient informational base furthered by opportunities to learn the critical knowledge about diverse cultures given their historical context and in an increasingly complex world. The former we typically teach in classrooms and seminars; the latter our students learn through case conferences, clinical experiences, proper supervision, and personal maturation.

THE ASSESSMENT OF MULTICULTURAL KNOWLEDGE

For a number of years, the assessment of student knowledge, attitudes and skills at CSPP-B/A has been conducted through four

major mechanisms: (1) instructor evaluation at the end of each course, (2) supervisor evaluation as an integral part of practicum and internship experiences, (3) our Comprehensive Examinations at the end of the first and second years of coursework, and (4) the Clinical Proficiency Progress Review (CPPR) occurring at the end of the third year of full-time study. Given our commitment to an integrated model of multicultural clinical education, the assessment of multicultural knowledge, attitudes and skills must also be an integrated process, one "woven" into the very structure of our doctoral program and institution. Accordingly, we have begun systematically to revise each and every one of the above evaluation procedures and, in addition, the procedures by which all faculty are evaluated.

Our rationale for the latter change is simple: in order for students to learn about the significance of cultural diversity, faculty must first teach it. And not just certain faculty members who are already "experts" and teach such focal courses, but all faculty. This expectation is concurrent with the above changes in student evaluation procedures not only for the reasons already cited but the additional expectation that, as students realize they will be "tested" on certain content, they will necessarily demand that their instructors afford them such knowledge. The changes to be made range from the relatively simple to ones more complex. Again, in keeping with the integration model, all changes are being considered and implemented through the existing CSPP-B/A faculty governance structure, for example, the Faculty Curriculum Committee, Faculty Standards and Review Committee, Professional Training Committee, and the Faculty Committee on Student Evaluations. A campus-wide Council on Minority and Multicultural Affairs comprised of students, staff, faculty and administration has also existed since 1987 and provides important consultation and guidance to these standing committees. This process also ensures that these changes become institutionalized rather than exist just temporarily.

These changes are necessarily gradual. For example, given an already existing item about faculty tolerance and responsiveness to sex, age and ethnic differences in the course evaluations completed by students, additional questions are likely to be adopted about an instructor's sensitivity to and knowledge about cultural and ethnic issues related to course materials. Similarly, additional questions will be added to the clinical supervisors' evaluation form of students in order to assess not only knowledge about salient client information and cultural background but also her ability to engage clients in a culturally syntonic manner and evidence appropriate respect for clients' differing values, customs and beliefs. These latter changes are part of a larger change requiring all students to train at least one year at a placement site, either practicum level or internship, working with an ethnic population significantly different from their own.

The more substantial changes in student evaluation have occurred with regard to the Comprehensive Examination and the CPPR. These measures also correspond more closely with the different types of multicultural information and knowledge outlined above. At present, our Comprehensive Examination consists of five subtests: (1) general psychology, (2) research methods and statistics, (3) psychodiagnostic assessment, (4) clinical interventions, and (5) professional, legal and ethical issues. There are 220 multiple-choice items in all, of which 39 are about multicultural content across all five subtests. Our goal is to refine and expand these 39 items to fully one-third of the entire Examination by the end of our next academic year, covering a range of knowledge about the multicultural information base outlined above, both central and peripheral.

Analyses of the existing 39 items are being performed and some surprising results have surfaced thus far. In general, students have done better than expected given that many of our faculty are still in the process of integrating multicultural content into their courses. For example, one question about emic and etic

factors among ethnic populations was almost eliminated a priori by the Evaluation Committee as possibly being too difficult. The data, however, indicated that almost 80% of our students answered correctly on this item, either through recognizing the right answer or at least eliminating the wrong ones. Conversely, several questions regarding assessment, ethics and intervention showed a disappointingly low rate of accuracy by the most recent group of examinees. Further clarification about how to best understand these data will evolve with successive administrations and modification of items.

Significant changes have also been made regarding our Clinical Proficiency Progress Review, a written and oral case presentation in which third-year students appear before a six-member panel comprising three faculty and clinical supervisors and three peers. Previously, each presentation was evaluated on six different dimensions using a Likert-type scale: (1) the quality of the written work sample, (2) assessment and case formulation, (3) intervention strategy, (4) relationship, (5) self-examination, and (6) professional demeanor during the presentation. Several new dimensions have been added against which all presentations are now evaluated, and data from our first administration using this expanded format have been analyzed (Adams & Cooper, 1992). These changes address the more conceptual and relational issues described above and require students to demonstrate the degree to which they have integrated relevant information with their subjective awareness and understanding of salient ethnic and racial factors in their clinical work.

Specific ethnic identification data are now required of all panel members as well as about the client cases presented. In addition, each case is evaluated on eight new dimensions: how well the (1) formulation describes the socio-economic and environmental context in which the client's behaviors, thoughts and feelings developed; (2) assessment of the problem takes into account the influences of racial, cultural and class variables on

definitions of normal (adaptive) and abnormal (maladaptive) behaviors; (3) assessment of the problem demonstrates an understanding of the client's use of language and metaphor in a cultural context; (4) assessment of the problem demonstrates an understanding of the client's level of acculturation or stage of adaptation to the dominant culture; and (5) intervention strategies are consistent with the client's level of acculturation, language, cultural values and interpersonal styles. Each student is also evaluated on how well s/he (1) assesses the influences of the client's attitudes about race, culture and class on the development of the therapeutic relationship; (2) discusses the influences of culturally derived attitudes about self-disclosure and participation in psychotherapy on the development of the relationship; and (3) examines the impact of personal attitudes about race, culture and class on the development of the therapeutic relationship. Specific rationales have been developed for each of these new dimensions and panel members were trained prior to their implementation.

These changes are integral parts of an overall effort to systematically revise our clinical psychology curriculum and respond to the compelling need in professional psychology for a more comprehensive model of training to prepare doctoral students for practice in an increasingly multicultural society. This paper has attempted to outline a conceptual framework for organizing the content of a more multiculturally integrated clinical psychology curriculum, using the limited example of treatment issues in clinical practice with ethnically diverse clients. As part of this integrated approach and consistent with the conceptual model proposed, the assessment of student knowledge about multicultural content is also conceptualized to have a cybernetic effect: it "drives" faculty to teach the content we expect our students to learn. In the process, we all learn and benefit from one another!

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APPENDIX I

MEASURING CLINICAL COMPETENCE:

FURTHER DEVELOPMENT OF AN ASSESSMENT TOOL

PAPER/POSTER PROPOSAL COVER SHEET
1994 APA ANNUAL CONVENTION

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   First index term: 3.11 (NUMBER) Clinical/Couseling/Consulting: Training (TERM)

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Measuring Clinical Competence:

Further Development of an Assessment Tool

Abstract

This research presents a tool that assesses clinical competence in third-year doctoral psychology students based on a 12-page work sample describing a psychotherapy case followed by an oral presentation to a review panel. The presentation is evaluated on the categories: writing ability, assessment, formulation, intervention strategy, relationship, self-examination, and professional demeanor. Results of the current analysis of 101 evaluations from 1993 show that increased specificity in the assessment of these skills is possible. Results from approximately 100 additional students in the spring of 1994 on a modification of this assessment tool will also be presented.

Measuring Clinical Competence:
Further Development of an Assessment Tool

Statement of the Problem

The Clinical Proficiency Progress Review (CPPR) was developed at the California School of Professional Psychology (CSPP) in 1983 to serve as an objective and independent measure of clinical progress for doctoral students in clinical psychology. Nationally, many clinical psychology programs have developed comprehensive clinical reviews in response to the need for a quality control measure of clinical progress. Generally these are given before internship and are considered "internship readiness exams," although in some cases, they are exit examinations that come at the end of the students' graduate studies. The typical examination consists of a student presenting a clinical case to a panel of faculty in an oral examination. In most cases, the student also prepares a written work product. Bent (in press) found that many professional psychology programs that did not have such an examination, were considering developing one.

To our knowledge, these evaluation procedures have not been systematized. The evaluated categories differ, depending on the particular examination or graduate program. Further, statistical analyses of these rating scales are not readily available for either item characteristics or interrater reliability. The current research sought to extend previous work (Swope, 1987; Dienst & Armstrong, 1988) which showed that global ratings on

this type of clinical competence exam achieved moderately high interjudge reliability and concurrent validity. Our goal is to develop a rating instrument that meets the standards of a reliable and valid assessment tool. Our efforts will also allow continued refinement of the construct of "clinical competence" at the predoctoral level.

Participants

One hundred and one clinical psychology doctoral students in their third year of training were evaluated with the CPPR in the spring of 1993. The CPPR was a required component of their third year program. Seventy percent were female. Twenty-five percent were minority and/or international students. The mean age was 35 (SD = 9), although the distribution was slightly skewed (Md = 33).

Procedure

All third-year students in the doctoral psychology program were asked to write a 12-page work sample describing a psychotherapy case they had seen in their practicum placements and to submit these samples to one of six review panels one week before their oral review. A work sample included: presenting problem, history, course of treatment, diagnosis, and case formulation. Each review panel was composed of three clinical psychologists (two CSPP faculty and one field supervisor) and

three third-year CSPP student peers. Each review was one and one-half hours long and consisted of (a) a discussion of the work sample by the panel members before the oral review, (b) the oral review itself, (c) independent narrative evaluations by the panelists, (d) discussion of the examinee's performance, (e) independent numeric ratings by the panelists, and (f) an oral feedback session for the examinee conducted by the panel chair.

Results

Seven categories of skill were examined in the CPPR: (a) quality of written work sample, (b) assessment, (c) formulation, (d) intervention strategy, (e) relationship, (f) self-examination, and (g) professional demeanor. Each category consisted of one global rating and from two to eight specific ratings on Likert scales from 1 (unacceptable performance) to 6 (outstanding: beyond third-year level). Correlational analyses were first conducted among items within each category and across categories. Correlations among specific items within categories ranged from .61 to .94 with most in the .70s and .80s. Correlations between specific items and the global ratings within categories ranged from .71 to .93 with most in the .80s. Correlations among global ratings ranged from .63 to .91 with most in the .70s and .80s.

Composite scores for each category were created as sums of the specific ratings. Alphas for these composites ranged from

.91 to .99. These composites were correlated with the global ratings to determine whether the items captured the same overall skill dimensions as represented by the global ratings. Correlations between each composite and its relevant global rating ranged from .94 to .97.

Finally, total scores were created from the most critical clinical categories, as identified by the panelists: (a) assessment, (b) formulation, (c) intervention strategy, (d) relationship, and (e) self-examination. Composites of the global ratings (alpha = .96) and the specific items (alpha = .99) correlated .98 with one another.

Conclusions

The current study examined discrete dimensions of the global skills assessed in previous research. Ratings on these specific skills showed strong correlations with the global ratings and among themselves within each domain. Further, internal consistency coefficients for composites of the specific skills were very high, and these composites correlated very highly with the global ratings.

Based on these strong results, we have again revised the CPPR to remove items with overlapping content and to include specific skills not previously assessed. This new form also standardized the number of items within each domain. Finally,

items that assess clinical skills relating to ethnic and cultural diversity and psychological assessment were added or refined.

We will administer this revised CPPR to approximately 100 additional third-year doctoral students between February and May 1994. Reliability and validity analyses of this revised CPPR will be conducted in time for inclusion in our APA presentation.

The CPPR assessment tool could eventually have wide use for professional training programs that seek a systematic evaluation of psychotherapy and clinical assessment skills beyond the limited evaluations available from field training supervisors.

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APPENDIX J

CLINICAL PROFICIENCY PROGRESS REVIEW

EVALUATION FORM

Reviewer ID#_____ Reviewee ID#_____ Week#_____ Student# _____ Date _____

Rating Key:					
1 unacceptable performance	2 below average level: marginal	3 low	4 high	5 better than average level	6 outstanding: beyond 3rd year level
		average performance			

EVALUATION FORM
Clinical Proficiency Progress Review

1. Assessment:							
Appropriate assessment methods and/or tools are selected taking into account client's presentation or presenting problem.	1	2	3	4	5	6	N/A
Student appropriately uses, interprets, and integrates assessment data skillfully.	1	2	3	4	5	6	N/A
Assessment findings are used appropriately in the generation of a treatment plan for the client.	1	2	3	4	5	6	N/A
Selection of assessment methods and/or tools takes into account ethnic, cultural and class variables.	1	2	3	4	5	6	N/A
Overall Score	1	2	3	4	5	6	N/A

Strengths:

Weaknesses:

2. Formulation:	Circle One						
Formulation is appropriately grounded in clinical data.	1	2	3	4	5	6	N/A
Student is aware of alternative formulations and limits of own formulations.	1	2	3	4	5	6	N/A
Formulation of the problem takes into account the influences of ethnic, cultural, and class variables.	1	2	3	4	5	6	N/A
Formulation of the problem demonstrates an understanding of the client's level of acculturation or stage of adaptation to the dominant culture.	1	2	3	4	5	6	N/A
Overall Score	1	2	3	4	5	6	N/A

Strengths:

Weaknesses:

3. Intervention Strategy:	Circle One:						
Clarity and thoroughness of treatment program.	1	2	3	4	5	6	N/A
Ability to integrate patient expectations into interventions when appropriate.	1	2	3	4	5	6	N/A
Appropriate consideration of time limitations, resource constraints, and community resources in the choice of interventions.	1	2	3	4	5	6	N/A
Shows evidence of ability to modify therapeutic approach when necessary.	1	2	3	4	5	6	N/A
Intervention strategies are consistent with the client's level of acculturation, language, cultural values, and interpersonal styles.	1	2	3	4	5	6	N/A
Overall Score	1	2	3	4	5	6	N/A

Strengths:

Weaknesses:

4. Relationship:	Circle One						
Ability to establish a relationship that facilitates effective communication.	1	2	3	4	5	6	N/A
Demonstrates concern and respect in an empathic manner.	1	2	3	4	5	6	N/A
Able to establish and maintain professional objectivity.	1	2	3	4	5	6	N/A
Assesses and when appropriate discusses the influence of the client's ethnicity, culture, and class on the development of the therapeutic relationship.	1	2	3	4	5	6	N/A
Overall Score	1	2	3	4	5	6	N/A

Strengths:

Weaknesses:

5. Self Examination:	Circle One						
Understands own personality and biases.	1	2	3	4	5	6	N/A
Able to question and reflect on own feelings, attitudes, and behavior during treatment process.	1	2	3	4	5	6	N/A
Able to recognize limits of competence.	1	2	3	4	5	6	N/A
Examines the impact on treatment of own attitudes about ethnicity, culture, and class.	1	2	3	4	5	6	N/A
Overall Score	1	2	3	4	5	6	N/A

Strengths:

Weaknesses:

6. Professional Communication Skills:	Circle One						
Able to communicate orally.	1	2	3	4	5	6	N/A
Responsive to questions and feedback.	1	2	3	4	5	6	N/A
Manages stress appropriately.	1	2	3	4	5	6	N/A
Quality of written work.	1	2	3	4	5	6	N/A
Overall Score	1	2	3	4	5	6	N/A

Strengths:

Weaknesses:

APPENDIX K

PROGRAM EVALUATOR VITAE

MARTIN L. FORST

EDUCATION

Post-Doctoral Fellow--Center for the Study of Law and Society, University of California at Berkeley, 1975-76.

Doctor of Criminology--School of Criminology, University of California, Berkeley, June 1974. Dissertation Title: "Sentencing Sex Offenders: An Analysis of the Civil and Criminal Sanctions in Three Jurisdictions in California."

Masters of Criminology--School of Criminology, University of California, Berkeley, 1971.

Bachelor of Arts--Major in Psychology, University of California, Berkeley, 1966.

GRADUATE HONORS AND AWARDS

Richard A. McGee Award for the outstanding graduate student receiving the degree of Doctor of Criminology, 1974.

National Institute of Mental Health Trainee--Center for the Study of Law and Society, U.C. Berkeley (1973-74).

National Institute of Mental Health Pre-Doctoral Fellowship--School of Criminology, U.C. Berkeley (1972-73).

National Institute of Mental Health Trainee--Center for the Study of Law and Society, U.C. Berkeley (1971-72).

EXPERIENCE:

Research/Administration

- Senior Research Associate, Center for Law and Social Policy, the URSA Institute, San Francisco, CA (1981-1984 and 1986-present).
- Senior Research Associate, Polaris Research and Development, San Francisco, CA (part time 1988-present).
- Consultant (Grant Writer), Center for Applied Local Research, Richmond, CA (part time, 1989-present).
- Senior Research Fellow, Targeted Research Program, Bureau of Criminal Statistics, California State Attorney General's Office, Sacramento, CA (1991-1992).

- Research Associate, Survey Research Center, University of California, Berkeley (1985-86, part time).
- Research Associate, Oral History Project, Bancroft Library, University of California, Berkeley (1986, part time).
- Research Associate, Center for the Study of Race, Crime and Social Policy of Cornell University, Oakland, California, office (1985).
- Research Associate, Center for the Study of Law and Society, University of California, Berkeley (1978-1981).
- Evaluator, Crime Prevention Program, Martinez Police Department, Martinez, California (1977-1978).
- Research Associate, Center for the Study of Law and Society, University of California, Berkeley (1976-1977 part time).
- Assistant Project Director, Judicial Pilot Program for Research, Santa Clara County, California Judicial System (1974-1975).
- Research Analyst, Criminal Justice Information System Project, San Francisco Superior Court (1974).

Teaching

- Instructor, Department of Criminal Justice Administration, California State University, Sonoma (1981-82, 1986-present).
- Instructor, Department of Criminal Justice Administration, California State University, Hayward, (part time, 1984-1986, 1990).
- Instructor, Administration of Justice Department, Golden Gate University, San Francisco (part time, 1972-1978).
- Instructor, Independent Studies Department, University of California Extension. Course Title: "Crime, Justice, and Punishment in America" (1977-present).
- Assistant Academic Coordinator, College Courses by Newspaper. Funded by the National Endowment for the Humanities through the University of California, San Diego, Extension (1977).
- Instructor, Department of Sociology, California State University, San Francisco (Spring 1977).

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APPENDIX L

STUDENT SURVEY

Dear Student,

We are interested in your feedback about the quality of training here at CSPP on issues pertaining to cultural diversity. As part of our evaluation of our FIPSE Project, we would like to know how much you feel multicultural content has been integrated into your coursework and how well CSPP courses are preparing you for professional practice with clients from diverse backgrounds. Please take a few minutes now to answer the following questions as carefully as you can. Thank you.

Respondent Information:

Current Year Level: _____

Years of attendance at CSPP: 19_____ to 19____

Age: _____ Gender: _____

Your ethnic identity: _____

1. What percentage of the following racial/ethnic groups you expect to work with upon graduation from CSPP:

African Americans: _____
Asians and Pacific Islanders: _____
Euro-Americans: _____
Hispanics/Latinos: _____
Native Americans: _____
Others (please specify): _____
TOTAL 100%

2. The terms "multicultural," "cultural diversity" and "racial/ethnic minority" are often used in the same context but have different implications. What term do you prefer and why?

_____

_____

_____

3. In general, how well have issues of cultural diversity been addressed in the overall curriculum at CSPP?

1	2	3	4	5	6	7
very well						not well at all

4. Please list three courses (and their semester) in which you feel these issues have been especially well addressed?

1. _____ Fall/Spring 199___

2. _____ Fall/Spring 199___

3. _____ Fall/Spring 199___

5. How important to the success of these courses were each of the following? Please indicate your rating for each. 0 = Not Applicable

1	2	3	4	5	6	7
very important						Not important

___Instructor's personal racial/ethnic/cultural identity

___Instructor's knowledge and preparation

___Instructor's sensitivity and understanding

___Students' racial/ethnic/cultural representation in class

___Specific reading or audio-visual materials

___Amount of discussion generated

___Degree of openness and respect shown

___Other (please describe):_____

_____

6. How important is it that multicultural issues be integrated in every course?

1	2	3	4	5	6	7
very important						Not important

7. How important is it that multicultural issues be specifically taught in special courses?

1	2	3	4	5	6	7
very important						Not important

8. How important is it that multicultural issues be taught as early as possible in the curriculum?

1	2	3	4	5	6	7
very important						Not important

9. What curricular experiences at CSPP have been **most** useful in preparing you for practice with clients who are from racial/ethnic/ cultural bckgrounds much different than your own?

_____

_____

_____

10. What curricular experiences at CSPP have been **least** useful in preparing you for practice with clients who are from racial/ethnic/ cultural backgrounds much different than your own?

_____

_____

_____

11. Other than those about specific populations, what **additional** courses would most enhance the overall level of training at CSPP concerning issues of cultural diversity?

_____

_____

_____

_____

Thank you **very much** for your time and thoughtfulness in answering these questions. We will summarize all the responses as quickly as possible and share our findings with the CSPP community.

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement (OERI)
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